**PUBLIC DISCLOSURE COPY**

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 501(c)(4), or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning and ending

C Name of organization

ANGEL FLIGHT WEST, INC.

Doing Business As

3161 DONALD DOUGLAS LOOP SOUTH

SANTA MONICA, CA 90405

E Employer identification number

95-3956297

F Name and address of principal officer:

ALAN M. DIAS

3161 DONALD DOUGLAS LOOP S., SANTA MONICA, CA 90405

G Gross receipts

4,509,420.

I Tax-exempt status: X 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

J Website: WWW.ANGELFLIGHTWEST.ORG

K Form of organization: X Corporation

L Year of formation: 1983

M State of legal domicile: CA

Part I

Summary

1 Briefly describe the organization's mission or most significant activities: TO ARRANGE FREE AIR TRANSPORTATION IN RESPONSE TO HEALTH CARE AND OTHER HUMAN NEEDS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 21

4 Number of independent voting members of the governing body (Part VI, line 1b) 21

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 12

6 Total number of volunteers (estimate if necessary) 1575

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11a)

16b Total fundraising expenses (Part IX, column (D), line 25) 123,550.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 28)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II

Signature Block

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

Signature of officer

Date

Print/Type preparer's name

BOLINI C. COPPING

Preparer/Signature

Date

Firm's name

GREEN HASSON & JANKS LLC

Use Only

Firm's address

10990 WILSHIRE BLVD., 16TH FLOOR

LOS ANGELES, CA 90024-3929

Phone no. (310) 873-1600

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes X No

Form 990 (2011)
1. Briefly describe the organization's mission:

FOUNDED IN 1983, ANGEL FLIGHT WEST (AFW) ARRANGES FREE AIR
TRANSPORTATION IN RESPONSE TO HEALTH CARE AND OTHER COMPELLING HUMAN
NEEDS. AFW LINKS VOLUNTEER PILOTS IN PRIVATE AIRCRAFT WITH PEOPLE IN
NEED WHOSE HEALTH CARE AND OTHER CIRCUMSTANCES REQUIRE THEM TO TRAVEL

2. Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? [X] Yes [ ] No

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

4. Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ___) (Expenses $3,957,027, including grants of $) (Revenue $)

ANGEL FLIGHT WEST’S NETWORK OF OVER 1,500 VOLUNTEER PILOTS, INCLUDING
1,067 COMMAND PILOTS, DONATE THEIR AIRCRAFT, PILOTING SKILLS, AND ALL
FLYING COSTS TO HELP FAMILIES IN NEED, ENABLING THEM TO RECEIVE VITAL
TREATMENT THAT MIGHT OTHERWISE BE INACCESSIBLE BECAUSE OF FINANCIAL,
MEDICAL OR GEOGRAPHICAL LIMITATIONS. THERE IS NEVER A CHARGE FOR AN
ANGEL FLIGHT WEST MISSION. IN 2011 AFW ARRANGED 6,847 FLIGHTS AND FLEW
4,373 FLIGHTS.

4b (Code ___) (Expenses $ including grants of $) (Revenue $)

4c (Code ___) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $3,957,027.
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A
   1  X

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   2  X

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
   3  X

4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
   4  X

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
   5  X

6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
   6  X

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
   7  X

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
   8  X

9. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
   9

10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
   10  X

11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

   a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
      11a  X

   b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
      11b  X

   c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
      11c  X

   d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
      11d  X

   e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
      11e  X

   f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
      11f  X

   12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
      12a  X

   b. Was the organization included in consolidated, independent audited financial statements for the tax year?
      12b  X

   13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
      13  X

   14a. Did the organization maintain an office, employees, or agents outside of the United States?
      14a  X

   b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV
      14b  X

   15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV
      15  X

   16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV
      16  X

   17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11? If "Yes," complete Schedule G, Part I
      17  X

   18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
      18  X

   19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
      19  X

   20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
      20a  X

   b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
      20b
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II.</td>
<td></td>
<td>21 X</td>
</tr>
<tr>
<td>22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td></td>
<td>22 X</td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J.</td>
<td></td>
<td>23 X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No&quot;, go to line 25.</td>
<td></td>
<td>24a X</td>
</tr>
<tr>
<td>24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td>24b</td>
</tr>
<tr>
<td>24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td>24c</td>
</tr>
<tr>
<td>24d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td>24d</td>
</tr>
<tr>
<td>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td>25a X</td>
</tr>
<tr>
<td>25b 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 &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
<td>25b</td>
</tr>
<tr>
<td>26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td></td>
<td>26 X</td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td></td>
<td>27 X</td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td>28 X</td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>28a X</td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>28b X</td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td></td>
<td>28c X</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td></td>
<td>29 X</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td></td>
<td>30 X</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td></td>
<td>31 X</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td></td>
<td>32 X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td></td>
<td>33 X</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Parts II, III, IV, and V, line 1.</td>
<td></td>
<td>34 X</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>35a X</td>
</tr>
<tr>
<td>35b 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
<td>35b X</td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
<td>36 X</td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td></td>
<td>37 X</td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?</td>
<td></td>
<td>38 X</td>
</tr>
</tbody>
</table>
Part V. Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096. Enter ‘0’ if not applicable
   1b Enter the number of Forms W-2G included in line 1a. Enter ‘0’ if not applicable
   1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners?
   1d Did the organization have unrelated business gross income of $1,000 or more during the year?
   1e Did ‘Yes,’ has it filed a Form 990-T for this year? If ‘No,’ provide an explanation in Schedule O
   1f 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)?
   1g If ‘Yes,’ enter the name of the foreign country:
   5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
   5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
   5c If ‘Yes,’ to line 5a or 5b, did the organization file Form 8888-T?
   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?
   6b If ‘Yes,’ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
   7a 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?
   7b Did the organization notify the donor of the value of the goods or services provided?
   7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
   7d If ‘Yes,’ indicate the number of Forms 8282 filed during the year
   7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
   7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
   7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
   7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
   8 Sponsoring organizations maintaining donor advised funds and section 509(a)(2) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
   9 Sponsoring organizations maintaining donor advised funds.
   10 Section 501(c)(7) organizations. Enter:
   10a Initiation fees and capital contributions included on Part VIII, line 12
   10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:
   11a Gross income from members or shareholders
   11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
   12b 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.
   13a Is the organization licensed to issue qualified health plans in more than one state?
   13b 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
   13c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?
   14b If ‘Yes,’ has it filed a Form 720 to report these payments? If ‘No,’ provide an explanation in Schedule O

Form 990 (2011)
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................... 1e 21

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 .................................................... 1b 21

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ...................................................... 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ........................................... 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .................. 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? .......................... 5 X

6 Did the organization have members or stockholders? ................. 6 X

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 X

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 X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ............................................................................. 8a X

b Each committee with authority to act on behalf of the governing body? .............. 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. .... 9 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? .......... 10a X

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .............. 10b X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .............. 11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ..................................................... 11b X

12a Did the organization have a written conflict of interest policy? If "No," go to line 15. ..................................................... 12a X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .............. 12b X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . 12c X

13 Did the organization have a written whistleblower policy? .............. 13 X

14 Did the organization have a written document retention and destruction policy? ......................... 14 X

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?

a The organization's CEO, Executive Director, or top management official ............. 15a X

b Other officers or key employees of the organization .................................. 15b X

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) .......... 15c X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..................................................... 16a X

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .............. 16b X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: CA

18 Section 6104 requires an organization to make its Forms 1023 or 1024 (or 990, and 990-T (Section 6011(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how,) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

ALAN M. DIAS - 310-390-2958
3161 DONALD DOUGLAS LOOP SOUTH, SANTA MONICA, CA 90405

14090911 758461 9582 2011.04000 ANGEL FLIGHT WEST, INC. 9582 1
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule C)</th>
<th>(C) Position (do not check more than one box unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. WILLIAM S. AYER</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER - AT LARGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. GEORGE BARRAZA</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ROGER DUNHAM</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. CHARLES M. FINKEL</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. RUBEN GAMERBERG</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. HUGH HUNTER HANDSFIELD</td>
<td></td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. TERRY JUDGE</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. JOE SELTEN</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER - AT LARGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. LEAH JEANNE VRIESAN</td>
<td></td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. CLARENCE ARMSTRONG</td>
<td></td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. FRED LEISTIKO</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. MARC LORENZEN</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. HAROLD MOLYER</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. JOHN FERRILL</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. WARREN WOOD</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. KENNETH J. WESSELS</td>
<td></td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. STEPHEN F. DAVE</td>
<td>1.00 X</td>
<td>Individual trustee or director</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII
#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule C)</th>
<th>(C) Position (Do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) STEPHEN BOEKO-HILLEHAAR VICE-CHAIRMAN</td>
<td>1.00 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(19) LAURA S. LONG TREASURER</td>
<td>1.00 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(20) MARK HOPPER VICE-CHAIRMAN</td>
<td>1.00 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(21) WALTER W. BENDER SECRETARY</td>
<td>1.00 X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(22) ALAN M. DIAS EXECUTIVE DIRECTOR</td>
<td>40.00 X</td>
<td>130,000.</td>
<td>0.</td>
<td>4,970.</td>
<td></td>
</tr>
</tbody>
</table>

| 1b Sub-total | 130,000. | 0. | 4,970. |
| 1c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |
| 1d Total (add lines 1b and 1c) | 130,000. | 0. | 4,970. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization | 1 |

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | Yes | No |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual | Yes | No |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | Yes | No |

#### Section B. Independent Contractors
1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization | 0 |
## Part VII: Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaign</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>46,705</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>126,517</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>195,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>4,014,970</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1e</td>
<td>3,364,623</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a-1f</td>
<td>4,383,192</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Program Service Revenue                                |                  |                                       |                               |                                                             |
| 2a                                                      |                  |                                       |                               |                                                             |
| 2b                                                      |                  |                                       |                               |                                                             |
| 2c                                                      |                  |                                       |                               |                                                             |
| 2d                                                      |                  |                                       |                               |                                                             |
| 2e                                                      |                  |                                       |                               |                                                             |
| 2f All other program service revenue                   |                  |                                       |                               |                                                             |
| 2g Total. Add lines 2a-2f                              |                  |                                       |                               |                                                             |

| Investment income (including dividends, interest, and other similar amounts) | 22. | 22. |
| Income from Investment of tax-exempt bond proceeds      |     |     |
| Royalties                                               |     |     |

| Gross rents                                            | (i) Real | (i) Personal |
| Less: rental expenses                                  |         |             |
| Rental income or (loss)                                |         |             |
| Net rental income or (loss)                            |         |             |

| Gross amount from sales of assets other than Inventory | (i) Securities | (i) Other |
| Less: cost or other basis and sales expenses          |               |           |
| Gain or (loss)                                         |               |           |
| Net gain or (loss)                                     |               |           |

| Gross income from fundraising events (not including $126,517 of contributions reported on line 10): See Part IV, line 18 | 111,874 |     |
| Less: direct expenses                                  | 117,874 |     |
| Net income or (loss) from fundraising events          |       | -6,000 |

| Gross income from gaming activities. See Part IV, line 19 | 9,190 |     |
| Less: direct expenses                                  |       |     |
| Net income or (loss) from gaming activities            | 9,190 |     |

| Gross sales of Inventory, less returns and allowances | 3,399 |     |
| Less: cost of goods sold                               |       |     |
| Net income or (loss) from sales of Inventory           | 3,399 |     |

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>MISCELLANEOUS INCOME</th>
<th>900099</th>
<th>1,743</th>
<th>1,743</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total. Add lines 11a-11d | 1,743 |
| Total revenue. See Instructions. |        |

<p>| Total revenue | 4,391,546 | 0 | 8,354 |</p>
<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>130,000</td>
<td>97,532</td>
<td>23,427</td>
</tr>
<tr>
<td>2. Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Compensation of current officers, directors, trustees, and key employees</td>
<td>130,000</td>
<td>97,532</td>
<td>23,427</td>
</tr>
<tr>
<td>6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(11)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other salaries and wages</td>
<td>344,677</td>
<td>258,592</td>
<td>62,115</td>
</tr>
<tr>
<td>8. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other employee benefits</td>
<td>36,845</td>
<td>27,587</td>
<td>6,680</td>
</tr>
<tr>
<td>10. Payroll taxes</td>
<td>39,064</td>
<td>29,249</td>
<td>7,082</td>
</tr>
<tr>
<td>11. Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Management</td>
<td>72,020</td>
<td>72,020</td>
<td></td>
</tr>
<tr>
<td>b. Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Accounting</td>
<td>72,020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Professional fundraising services. See Part IV, line 17</td>
<td>18,000</td>
<td></td>
<td>18,000</td>
</tr>
<tr>
<td>f. Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other</td>
<td>27,044</td>
<td>21,172</td>
<td>3,295</td>
</tr>
<tr>
<td>12. Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Office expenses</td>
<td>65,340</td>
<td>48,746</td>
<td>7,317</td>
</tr>
<tr>
<td>14. Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Occupancy</td>
<td>63,273</td>
<td>47,375</td>
<td>11,471</td>
</tr>
<tr>
<td>17. Travel</td>
<td>10,878</td>
<td>8,269</td>
<td>638</td>
</tr>
<tr>
<td>18. Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>25,484</td>
<td>21,153</td>
<td>1,825</td>
</tr>
<tr>
<td>19. Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Depreciation, depletion, and amortization</td>
<td>5,925</td>
<td>4,436</td>
<td>1,074</td>
</tr>
<tr>
<td>23. Insurance</td>
<td>16,737</td>
<td>15,283</td>
<td>1,049</td>
</tr>
<tr>
<td>24. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24a. If line 24a amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule G.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. DONATED AIRCRAFT</td>
<td>3,364,623</td>
<td>3,364,623</td>
<td></td>
</tr>
<tr>
<td>b. GRANT WRITING EXPENSE</td>
<td>26,540</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. CREDIT CARD &amp; BANK FEES</td>
<td>11,648</td>
<td></td>
<td>11,648</td>
</tr>
<tr>
<td>d. OTHER PROGRAM EXPENSES</td>
<td>8,532</td>
<td></td>
<td>8,532</td>
</tr>
<tr>
<td>e. All other expenses</td>
<td>27,720</td>
<td>4,478</td>
<td>4,132</td>
</tr>
<tr>
<td>25. Total functional expenses. Add lines 1 through 24</td>
<td>4,294,350</td>
<td>3,957,027</td>
<td>213,773</td>
</tr>
<tr>
<td>26. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here [ ] if following SOP 98-2 (ASC 958-720)
### Part X Balance Sheet

#### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash - non-interest-bearing</td>
<td>74,646.1</td>
<td>195,983.</td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>80,015.2</td>
<td>0.</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>33.4</td>
<td>21,135.</td>
</tr>
<tr>
<td>5. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Receivables from other disqualified persons (as defined under section 4968(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 601(c)(9) voluntary employees’ beneficiary organizations (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td>7,583.9</td>
<td>14,026.</td>
</tr>
<tr>
<td>10. Land, buildings, and equipment: cost or other bases. Complete Part VI of Schedule D</td>
<td>340,184.10a</td>
<td>107,445.10b</td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12. Investments - other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13. Investments - program related. See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>5,260.15</td>
<td>0.</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>274,982.16</td>
<td>368,355.</td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>90,620.17</td>
<td>86,797.</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23. Secured mortgage and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

#### Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Organizations that follow SFAS 117, check here ▶ X1 and complete lines 27 through 29, and lines 33 and 34.</td>
<td>152,142.27</td>
<td>30,477.</td>
</tr>
<tr>
<td>28. Unrestricted net assets</td>
<td>32,220.28</td>
<td>251,081.</td>
</tr>
<tr>
<td>29. Permanently restricted net assets</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30. Capital stock or trust principal, or current funds</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31. Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32. Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33. Total net assets or fund balances</td>
<td>184,362.33</td>
<td>281,558.</td>
</tr>
<tr>
<td>34. Total liabilities and net assets/fund balances</td>
<td>274,982.34</td>
<td>368,355.</td>
</tr>
</tbody>
</table>
Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1. Total revenue (must equal Part VIII, column (A), line 12) .......................................................... 1
   4,391,546.

2. Total expenses (must equal Part IX, column (A), line 26) ......................................................... 2
   4,294,350.

3. Revenue less expenses. Subtract line 2 from line 1 ................................................................. 3
   97,196.

4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .... 4
   184,362.

5. Other changes in net assets or fund balances (explain in Schedule O) ........................................ 5
   0.

6. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6
   281,558.

Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

1. Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a
   X

2b. Were the organization's financial statements audited by an independent accountant? 2b
   X

2c. 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?

   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

2c
   X

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

3b. 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. 3b
Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization: ANGEL FLIGHT WEST, INC.
Employer Identification number: 95-3956297

Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7. [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8. [ ] A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9. [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

   a. [ ] Type I
   b. [X] Type II
   c. [ ] Type III - Functionally Integrated
   d. [ ] Type III - Other

   By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f. If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: [ ]

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

   Yes  No

   Yes  No

   Yes  No

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(I) Name of supported organization</th>
<th>(II) EIN</th>
<th>(III) Type of organization</th>
<th>(IV) Is the organization in col. (I) listed in your governing document?</th>
<th>(V) Did you notify the organization in col. (I) of your support?</th>
<th>(VI) Is the organization in col. (I) organized in the U.S.?</th>
<th>(VII) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>104,320.7</td>
<td>119,614.2</td>
<td>37,722,828</td>
<td>45,068,47</td>
<td>43,831,92</td>
<td>149,016,70</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>104,320.7</td>
<td>119,614.2</td>
<td>37,722,828</td>
<td>45,068,47</td>
<td>43,831,92</td>
<td>149,016,70</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13,929,36</td>
</tr>
<tr>
<td>6 Public support. Subject line 5 from line 4.</td>
<td>135,007,34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>104,320.7</td>
<td>119,614.2</td>
<td>37,722,828</td>
<td>45,068,47</td>
<td>43,831,92</td>
<td>149,016,70</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>6,988</td>
<td>734</td>
<td>31</td>
<td>22</td>
<td>22</td>
<td>7,797</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>26,353</td>
<td>9,202</td>
<td></td>
<td>1,743</td>
<td>37,298</td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>618,243</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90.38</td>
</tr>
<tr>
<td>15 Public support percentage from 2010 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>98.95</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2010. If the organization did not check the box on line 15 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part II Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>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</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 15% of the amount on line 13 for the year</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>8 Public support (Subtotal for line 6)</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>12 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>13 Total support (Add lines 8, 10c, 11, and 12)</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | % |

#### 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

#### 19b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

#### 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
Schedule B
(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

OEB No. 1545-0047

Name of the organization

ANGEL FLIGHT WEST, INC.

Employer identification number

95-3956297

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ  

X 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (a) Form 990, Part VIII, line 1, or (b) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .................................

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
**Schedule B (Form 990, 990-EZ, or 990-PF) (2011)**

**Name of organization**  
ANGEL FLIGHT WEST, INC.

**Employer Identification number**  
95-3956297

**Part I: Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$750,968.00</td>
<td>Noncash [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$195,000.00</td>
<td>Person [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II if there is a noncash contribution.)</td>
</tr>
</tbody>
</table>
## Part II Noncash Property

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

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate) (see instructions)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DONATED AIRLINE TICKETS</td>
<td>$750,968</td>
<td>12/31/11</td>
</tr>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
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<td></td>
</tr>
</tbody>
</table>

**Schedule B (Form 990, 990-EZ, or 990-PF) (2011)**
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Relationship of transferor to transferee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

123456 01-23-12 19

14090911 758461 9582 2011.04000 ANGEL FLIGHT WEST, INC. 9582 1
### Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Part II: Conservation Easements

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (e.g., recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of an historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year:

4. Number of states where property subject to conservation easement is located:

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | Yes | No |

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year:

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year:

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Yes | No |

9. In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

### Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   (i) Revenues included in Form 990, Part VIII, line 1: $ 

   (ii) Assets included in Form 990, Part X: $ 

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   a. Revenues included in Form 990, Part VIII, line 1: $ 

   b. Assets included in Form 990, Part X: $ 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   - Public exhibition
   - Scholarly research
   - Preservation for future generations

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  
   - Yes □  No □

**Part IV: Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  
   - Yes □  No □

   **b.** If "Yes," explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21?  
   - Yes □  No □

   **b.** If "Yes," explain the arrangement in Part XIV.

**Part V: Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a. Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   **b.** Contributions

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   **c.** Net Investment earnings, gains, and losses

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   **d.** Grants or scholarships

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   **e.** Other expenditures for facilities and programs

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   **f.** Administrative expenses

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   **g.** End of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   **a.** Board designated or quasi-endowment ▼

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   **b.** Permanent endowment ▼

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   **c.** Temporarily restricted endowment ▼

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   The percentages in lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   **(i)** unrelated organizations

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **(ii)** related organizations

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3b. If "Yes" to 3a(iii), are the related organizations listed as required on Schedule R?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI: Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
</table>

   **1a.** Land

   **b.** Buildings

<table>
<thead>
<tr>
<th>Leasehold improvements</th>
</tr>
</thead>
</table>

   **c.** Equipment

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

   | Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). |
   | 137,211.               |

   **Part II.** Date: 2011.04.000  ANGEL FLIGHT WEST, INC.  9582_1

   **Part II.** Schedule D (Form 990) 2011
### Part VII: Investments - Other Securities

(a) Description of security or category (including name of security)  
(b) Book value  
(c) Method of valuation: Cost or end-of-year market value  

1. Financial derivatives  
2. Closely-held equity interests  
3. Other  
   (A)  
   (B)  
   (C)  
   (D)  
   (E)  
   (F)  
   (G)  
   (H)  
   (I)  

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)

### Part VIII: Investments - Program Related

(a) Description of investment type  
(b) Book value  
(c) Method of valuation: Cost or end-of-year market value  

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10.  

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)

### Part IX: Other Assets

(a) Description  
(b) Book value  

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10.  

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

### Part X: Other Liabilities

1. (a) Description of liability  
   (b) Book value  
   1. Federal income taxes  
   2.  
   3.  
   4.  
   5.  
   6.  
   7.  
   8.  
   9.  
   10.  
   11.  

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

---

FIN 48 (ASC 740) Footnote 16: For purposes of 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).
### Part X: Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1. Total revenue (Form 990, Part VIII, column (A), line 12) ........................................... 1
2. Total expenses (Form 990, Part IX, column (A), line 25) ........................................... 2
3. Excess or (deficit) for the year. Subtract line 2 from line 1 ........................................... 3
4. Net unrealized gains (losses) on investments ................................................................. 4
5. Donated services and use of facilities ............................................................................ 5
6. Investment expenses ..................................................................................................... 6
7. Prior period adjustments ............................................................................................... 7
8. Other (Describe in Part XIV) ......................................................................................... 8
9. Total adjustments (net). Add lines 4 through 8 ............................................................. 9
10. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . 10

### Part XII: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1. Total revenue, gains, and other support per audited financial statements ................. 1
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a. Net unrealized gains on investments ........................................................................ 2a
   b. Donated services and use of facilities ........................................................................ 2b
   c. Recoveries of prior year grants ............................................................................. 2c
   d. Other (Describe in Part XIV) .................................................................................. 2d
   e. Add lines 2a through 2d ......................................................................................... 2a
3. Subtract line 2e from line 1 ......................................................................................... 3
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   a. Investment expenses not included on Form 990, Part VIII, line 7b ...................... 4a
   b. Other (Describe in Part XIV) .................................................................................. 4b
   c. Add lines 4a and 4b ............................................................................................... 4c
5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) ........... 5

### Part XIII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1. Total expenses and losses per audited financial statements ........................................ 1
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a. Donated services and use of facilities ................................................................... 2a
   b. Prior year adjustments ......................................................................................... 2b
   c. Other losses ....................................................................................................... 2c
   d. Other (Describe in Part XIV) ................................................................................ 2d
   e. Add lines 2a through 2d ....................................................................................... 2a
3. Subtract line 2e from line 1 ....................................................................................... 3
4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a. Investment expenses not included on Form 990, Part VIII, line 7b ...................... 4a
   b. Other (Describe in Part XIV) ................................................................................ 4b
   c. Add lines 4a and 4b ............................................................................................ 4c
5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) ........... 5

### Part XIV: Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.
### Supplemental Information Regarding Fundraising or Gaming Activities

**ANGEL FLIGHT WEST, INC.**

**Employer identification number** 95-3956297

#### Part I. Fundraising Activities.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

   - Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services?  **Yes** [X]  **No** [ ]

   - If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>JW NON PROFIT ADVISORS - 1391 N. 1ST AVE., UPLAND, CA</td>
<td>GOLF TOURNAMENT</td>
<td>X</td>
<td>240,328.</td>
<td>18,000.</td>
<td>222,328.</td>
</tr>
</tbody>
</table>

2. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

   - CA, AZ, CO, NM, OR, WA

---

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

**Schedule G (Form 990 or 990-EZ) 2011**

SEE PART IV FOR CONTINUATIONS

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12081 01-23-12

14090911 758461 9582  2011.04000 ANGEL FLIGHT WEST, INC.  9582__1
**Part II: Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GOLF</td>
<td>SANTA ROSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOURNAMENT</td>
<td>FLY-IN</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td>234,328</td>
<td>1,735</td>
<td>2,328</td>
</tr>
<tr>
<td>2</td>
<td>Less: Charitable contributions</td>
<td>124,087</td>
<td>1,115</td>
<td>1,315</td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>110,241</td>
<td>620</td>
<td>1,013</td>
</tr>
<tr>
<td>4</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent/facility costs</td>
<td>53,237</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Food and beverages</td>
<td>39,371</td>
<td>620</td>
<td>1,013</td>
</tr>
<tr>
<td>8</td>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income summary. Combine line 3, column (d), and line 10</td>
<td></td>
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</tbody>
</table>

**Part III: Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
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<tr>
<td>2</td>
<td>Cash prizes</td>
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<tr>
<td>3</td>
<td>Noncash prizes</td>
<td></td>
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<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
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<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
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<tr>
<td>6</td>
<td>Volunteer labor</td>
<td></td>
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<tr>
<td>7</td>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
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<tr>
<td>8</td>
<td>Net gaming income summary. Combine line 1, column d, and line 7</td>
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</tbody>
</table>

9 Enter the state(s) in which the organization operates gaming activities:
   a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No
   b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
   b If "Yes," explain:

132362 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

14090911 758461 9582 2011.04000 ANGEL FLIGHT WEST, INC. 9582__1
Schedule G (Form 990 or 990-EZ) 2011 ANGEL FLIGHT WEST, INC. 95-3956297 Page 3

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:
   a) The organization's facility 13a %
   b) An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name
   Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

   b) If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $.

   c) If "Yes," enter name and address of the third party:
      Name
      Address

16 Gaming manager information:

      Name

      Gaming manager compensation $ 

      Description of services provided

      Director/officer  Employee  Independent contractor

17 Mandatory distributions:

   a) Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

   b) Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see Instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: JW NON-PROFIT ADVISORS

(I) ADDRESS OF FUNDRAISER: 1391 N. 1ST AVE., UPLAND, CA 91786

122883 01-23-12 Schedule G (Form 990 or 990-EZ) 2011
14090911 758461 9582 2011.04000 ANGEL FLIGHT WEST, INC. 9582_1
## SCHEDULE M (Form 990)

### Noncash Contributions

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990:

#### Name of the organization

**ANGEL FLIGHT WEST, INC.**

#### Employer identification number

**95-3956297**

#### Part I: Types of Property

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Check if applicable</th>
<th>(a) Number of contributions or items contributed</th>
<th>(b) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(c) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td>☑</td>
<td>2</td>
<td>2,951</td>
<td>2,624,095. FMV</td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
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<tr>
<td>3</td>
<td>Art - Fractional interests</td>
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<td>4</td>
<td>Books and publications</td>
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<td>5</td>
<td>Clothing and household goods</td>
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<td>6</td>
<td>Cars and other vehicles</td>
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<td>7</td>
<td>Boats and planes</td>
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<td>8</td>
<td>Intellectual property</td>
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<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
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<td>10</td>
<td>Securities - Closely held stock</td>
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<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
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<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
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<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<td>15</td>
<td>Real estate - Residential</td>
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<tr>
<td>16</td>
<td>Real estate - Commercial</td>
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<td>17</td>
<td>Real estate - Other</td>
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<td>18</td>
<td>Collectibles</td>
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<td>19</td>
<td>Food inventory</td>
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<td>20</td>
<td>Drugs and medical supplies</td>
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<td>21</td>
<td>Taxidermy</td>
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<td>22</td>
<td>Historical artifacts</td>
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<td>23</td>
<td>Scientific specimens</td>
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<td>24</td>
<td>Archeological artifacts</td>
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<tr>
<td>25</td>
<td>Other</td>
<td>☑ (PRIVATE AIRCR)</td>
<td>X</td>
<td>2,951</td>
<td>2,624,095. FMV</td>
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<tr>
<td>26</td>
<td>Other</td>
<td>☑ (AIRLINES TICK)</td>
<td>X</td>
<td>1,422</td>
<td>737,528. FMV</td>
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<tr>
<td>27</td>
<td>Other</td>
<td>☑ (AUCTION ITEMS)</td>
<td>X</td>
<td>132</td>
<td>84,768. FMV</td>
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<tr>
<td>28</td>
<td>Other</td>
<td>☑ (OTHER AIRLINE)</td>
<td>X</td>
<td>6</td>
<td>3,000. FMV</td>
</tr>
</tbody>
</table>

#### Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

#### 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

- Yes | X

#### 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

- Yes | X

#### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

- Yes | X

#### 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

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14090911 758461 9582 2011.04000 ANGEL FLIGHT WEST, INC. 9582_1
Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): NON-CASH CONTRIBUTIONS ARE LISTED BY TOTAL NUMBER OF DONATED ITEMS.

SCHEDULE M, PART I: TOTAL VALUE OF DONATED GOODS FOR THE YEAR WAS $3,449,391. OF WHICH $3,364,623 ARE INCLUDED ON FORM 990, PART VIII, LINE 1G AND $84,768, ARE INCLUDED ON PART VIII, LINE 8A.

SCHEDULE M, LINE 32B: THE ORGANIZATION USES JW NON-PROFIT ADVISORS TO SEEK DONATIONS OF NON-CASH ITEMS FOR THE GOLF TOURNAMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO AND FROM FACILITIES THROUGHOUT THE FOURTEEN WESTERN STATES,
INCLUDING ALASKA AND HAWAII. VOLUNTEER PILOTS DONATE THE COSTS OF ALL
FLIGHTS. THERE IS NEVER A CHARGE FOR AN ANGEL FLIGHT WEST MISSION. IN
2011 AFW ARRANGED 6,847 FLIGHTS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
TREASURER AND/OR THE AUDIT COMMITTEE. ONCE APPROVED, A COPY OF THE FORM 990
IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY IS MONITORED THROUGH AN ANNUAL REVIEW AND THROUGH REGULAR
BOARD AND STAFF MEETINGS. THE BOARD MEMBERS ARE VERBALLY POLLED AND
RESPONSES ARE DOCUMENTED IN THE BOARD MINUTES. THE BOARD CHAIR IS
RESPONSIBLE FOR MONITORING COMPLIANCE WITH THE POLICY. IF A CONFLICT EXISTS
THE BOARD MEMBER INVOLVED MUST RECUSE HIM OR HERSELF FROM VOTING ON THE
ISSUE IN WHICH THEY HAVE AN INTEREST. BOARD MEMBERS ANNUALLY FILL OUT A
CONFLICT OF INTEREST DECLARATION FORM TO DISCLOSE ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR’S
COMPENSATION IS DETERMINED THROUGH A REVIEW PROCESS BY THE BOARD’S
COMPENSATION COMMITTEE. THE COMMITTEE USES AVAILABLE SURVEY DATA AND OTHER
FORM 990’S IN ORDER TO DETERMINE THE REASONABleness OF THE EXECUTIVE
DIRECTOR’S COMPENSATION. ONCE APPROVED BY THE EXECUTIVE COMMITTEE IT IS
THEN PRESENTED TO THE ENTIRE BOARD FOR APPROVAL. THE EXECUTIVE COMMITTEE
USES THE SAME DATA IN DETERMINING THE COMPENSATION FOR OTHER OFFICERS AND
KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FINANCIAL
STATEMENTS, FORM 990 AND STATE AND FEDERAL TAX-EXEMPT DETERMINATION LETTERS
ARE ON AFW'S WEBSITE.

FORM 990, PART XII, LINE 2C
FINANCIAL STATEMENTS AND REPORTING
NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS
DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR.
## Part I Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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</table>

## Part II Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 501(c)(3) controlled entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANGEL FLIGHT WEST FOUNDATION - 86-1100038</td>
<td>PROVIDE FINANCIAL SUPPORT</td>
<td></td>
<td>501(A)(3)</td>
<td>ANGEL FLIGHT WEST, INC.</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>3161 DONALD DOUGLAS LOOP SOUTH</td>
<td>PROVIDE FINANCIAL SUPPORT</td>
<td></td>
<td>501(C)(3)</td>
<td>TYPE I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>SANTA MONICA, CA 90405</td>
<td>TO ANGEL FLIGHT WEST INC</td>
<td>COLORADO</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III: Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations? Yes No</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner? Yes No</th>
<th>(k) Percentage ownership</th>
</tr>
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### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
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</table>

132152 01-30-12  32  Schedule R (Form 990) 2011
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   a. Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
   b. Gift, grant, or capital contribution to related organization(s)
   c. Gift, grant, or capital contribution from related organization(s)
   d. Loans or loan guarantees to or for related organization(s)
   e. Loans or loan guarantees by related organization(s)
   f. Sale of assets to related organization(s)
   g. Purchase of assets from related organization(s)
   h. Exchange of assets with related organization(s)
   i. Lease of facilities, equipment, or other assets to related organization(s)
   j. Lease of facilities, equipment, or other assets from related organization(s)
   k. Performance of services or membership or fundraising solicitations for related organization(s)
   l. Performance of services or membership or fundraising solicitations by related organization(s)
   m. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   n. Sharing of paid employees with related organization(s)
   o. Reimbursement paid to related organization(s) for expenses
   p. Reimbursement paid by related organization(s) for expenses
   q. Other transfer of cash or property to related organization(s)
   r. Other transfer of cash or property from related organization(s)

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of other organization</th>
<th>(b) Transaction type (arr)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ANGEL FLIGHT WEST FOUNDATION</td>
<td>C</td>
<td>195,000</td>
<td>BOOK VALUE</td>
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</tbody>
</table>
### Part VI, Unrelated Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under section 512-514)</th>
<th>(e) Legal person(s) (26310)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Yes No</td>
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</table>
Part VII. Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
  
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8888.

Electronic filing (e-file): You can electronically file Form 8888 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 3-month extension - check this box and complete

Part I only

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

Type or print
Name of exempt organization or other filer, see instructions.
ANGEL FLIGHT WEST, INC.

Employer identification number (EIN) or
Social security number (SSN)
95-3956297

File by due date for filing your return, see instructions.
Number, street, and room or suite no. If a P.O. box, see instructions.
3161 DONALD DOUGLAS LOOP SOUTH

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SANTA MONICA, CA 90405

Enter the Return code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>01</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 6227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(e) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

ALAN M. DIAS

The books are in the care of
3161 DONALD DOUGLAS LOOP SOUTH – SANTA MONICA, CA 90405

Telephone No. 310-390-2958 FAX No.

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members of the extension is for.

1. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
   □ [X] calendar year 2011 or
   □ tax year beginning , ending 

2. If the tax year entered in line 1 is for less than 12 months, check reason:
   □ Initial return
   □ Final return
   □ Change in accounting period

3a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a. $ 0.

3b. If this application is for Form 990-F, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b. $ 0.

3c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c. $ 0.

Caution: If you are going to make an electronic fund withdrawal with this Form 8888, see Form 8453-FO and Form 8879-FO for payment instructions.

IHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Form 8868 (Rev. 1-2012)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. □

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print
Name of exempt organization or other filer, see instructions
ANGEL FLIGHT WEST, INC.

File by the
due date for
filing your
return. See
instructions.
Number, street, and room or suite no. If a P.O. box, see instructions.
3161 DONALD DOUGLAS LOOP SOUTH

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SANTA MONICA, CA 90405

Employer Identification number (EIN) or
[X] 95-3956297

Social security number (SSN)

Enter filer's identifying number, see instructions

01

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ALAN M. DIAS

The books are in the care of
3161 DONALD DOUGLAS LOOP SOUTH - SANTA MONICA, CA 90405

Telephone No. ▶ 310-390-2958

Fax No. ▶

If the organization does not have an office or place of business in the United States, check this box □

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ▶

If this is for the whole group, check this box ▶.

If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until


For calendar year 2011, or other tax year beginning

and ending

If the tax year entered in line 5 is for less than 12 months, check reason:

☑ Initial return

☑ Final return

☑ Change in accounting period

State in detail why you need the extension

TAXPAYER NEEDS ADDITIONAL TIME TO ACCUMULATE ALL OF THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6039, enter the tentative tax, less any nonrefundable credits. See instructions.

8a $ 0.00

8b If this application is for Form 990-PF, 990-T, 4720, or 6039, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8b $ 0.00

8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

8c $ 0.00

Signature ▶

Date ▶

Form 8868 (Rev. 1-2012)

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01-05-12