

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning, 2021, and ending, 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **SOUTHEAST FLORIDA HONOR FLIGHT INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1503
 City or town, state or province, country, and ZIP or foreign postal code
STUART, FL 34995-1503

D Employer identification number
26-4321349

E Telephone number
(772) 370-0906

G Gross receipts
\$ **319,189**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶

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

J Website: ▶ **WWW.HONORFLIGHTSEFL.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2008** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FLYING CHARTERED FLIGHTS OF WWII, KOREAN, & VIETNAM VETERANS TO THEIR RESPECTIVE MEMORIALS IN WASHINGTON, DC.		
	2 Check this box <input type="checkbox"/> 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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	349
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 348,122	Current Year 253,393
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(2,575)	26,607
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,547	280,000
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	249,354	21,760	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	249,354	21,760	
19 Revenue less expenses. Subtract line 18 from line 12	96,193	258,240	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 381,176	End of Year 639,416
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances. Subtract line 21 from line 20	381,176	639,416

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.

Sign Here

▶ **JANET HOOSE**
Signature of officer Date

▶ **JANET HOOSE, CHAIRMAN**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name WILLIAM L HUGHES, CPA	Preparer's signature	Date 11-10-2022	Check <input type="checkbox"/> if self-employed	PTIN P01616550
Firm's name ▶ BUSINESS ALLIES GROUP LLC	Firm's EIN ▶		Phone no. 772-266-8700	
Firm's address ▶ 850 NW FEDERAL HWY STE 423 Stuart FL 34994				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.