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G Accounting Method: X [Cash] Accounting Method: H Check ▶ X If the organization is not arguined to atach Schedule B I Website: > WWW.NPS.CGOV/FINI H Check ▶ X If the organization is not asection 509(a)(3) supporting organization and its gross receipts are normally more than \$50,000. A Form \$90-EZ. Note Note Note Note Note Note Note Note	F		ded return	-							•			
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K Check \[box] If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and (Sbeedware 500,000 or more, and total assets (Part II, line 2b, obtume (Sbeedware 500,000 or more, and (Sbeedware 500,000) or more, and (Sbeedw			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	501(c) ()	(insert no.)	4947(a	a)(1) or		•			
Form 990 return is not required though Form 990-N (e-postard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 1. Add lines 60, 60, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (6) below) are \$500,000 or more, file form 990-EZ > \$ 36, 484. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check if the organization used Schedule 0 to respond to any question in this Part I I 29 1 Contributions, gifts, grants, and similar amounts received 1 29, 770. 2 Program service revenue including overnment tees and contracts 3 4 Investment income SEE. SCHEDULE. O. 4 16. 5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6c 6 Gaming and fundraising events 6 6, 207. 6c 4, 522. 6 Gaming and fundraising events (add lines 6a and 6b and subtract line 6C) 6c 1, 685. 7a 7 To 7a 7b 7c 7c 7c 8 Other revense. Add line and allowances 7a 7b 7c 7c 7c			<u>`</u> `	• ,	()()	()(())	, ,	,	,,,,	,		, ,	/	
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8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 491. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 31, 962. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 44. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 26, 156. 17 Total expenses. Add lines 10 through 16 17 26, 2000. 17 26, 2000. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5, 762. 19 3, 711. 20 0. 20 0. 20 0. 20 0. 21 9, 473.		c	Gross profit o	r (loss) from sales	of inventory (Subtra	act line 7b from line	7a)				. 7c			
10Grants and similar amounts paid (list in Schedule 0)1011Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1544.16Other expenses (describe in Schedule 0)SEE SCHEDULE O1617Total expenses. Add lines 10 through 161726, 200.18Excess or (deficit) for the year (Subtract line 17 from line 9)185, 762.19Net assets or fund balances (explain in Schedule 0)200.20Other changes in net assets or fund balances (explain in Schedule 0)200.219, 473.219, 473.		8	Other revenue	e (describe in Sche	dule O)		SE	E SCH	EDULE	0	. 8			
11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 444. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 17 266, 200. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 9, 473.		9											31,962.	
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13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 44. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 26,156. 17 Total expenses. Add lines 10 through 16 17 26,200. 18 5,762. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,762. 19 18 5,762. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 3,711. 20 0. 20 O. 0. 21 9,473. 9,473.			Benefits paid t	to or for members							. 11			
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 9, 473.	ses													
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 9, 473.	ens													
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 9, 473.	Exp												Λ Λ	
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21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 9,473.	ets										. 10		5,,02.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 9,473.	Ass	"			,		. ,,				19		3.711.	
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Form 990-EZ (2010) FRIENDS OF FLIGHT 93 NAT	ONAL MEMORIAL	ı 2	7-05058	53 Page 2
Part II Balance Sheets. (see the instructions for Part II.)				
Check if the organization used Schedule O to respond to any question	in this Part II			X
	•	A) Beginning of year		nd of year
22 Cash, savings, and investments		3,711.	22	20,323.
23 Land and buildings			23	
24 Other assets (describe in Schedule 0)		0.		
25 Total assets		3,711.		20,323.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE C)	0.		10,850.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		3,711.	27	9,473.
Part III Statement of Program Service Accomplishme	`	, _		xpenses
Check if the organization used Schedule O to respond to any questio	n in this Part III		X (Required	for section and 501(c)(4)
What is the organization's primary exempt purpose?SEE SCHEDULE C)			ons and section
Describe what was achieved in carrying out the organization's exempt pu	poses. In a clear and conc	ise manner, describe) trusts; optional
the services provided, the number of persons benefited, and other relevant	nt information for each prog	gram title.	for others	.)
28 COMPANY COLLECTS FUNDS IN ORDER TO	CONSTRUCT AND	MAINTAIN		
THE FLIGHT 93 NATIONAL MEMORIAL ANI) TO SUPPORT I	TS	-	
PROGRAMS.			-	
(Grants \$ 5,150.) If this amount includes foreign	grants, check here		28a	26,200.
29	· · ·			
			-	
			-	
(Grants \$) If this amount includes foreign	grants, check here		29a	
30	5			
			-	
			-	
(Grants \$) If this amount includes foreign	prants, check here			
(Grants \$) If this amount includes foreign		Г	31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	26,200.
Part IV LIST OF Officers, Directors, Trustees, and Key E	mplovees. List each one ev	ven if not compensated. (se	e the instructions f	or Part IV.)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule 0 to respond to any question				
Check if the organization used Schedule 0 to respond to any question	n in this Part IV			
Check if the organization used Schedule O to respond to any questio			(d) Contributions to employee	
	n in this Part IV	(c) Compensation	(d) Contributions to employee benefit plans & deferred	(e) Expense
Check if the organization used Schedule O to respond to any questio (a) Name and address	h in this Part IV (b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans &	(e) Expense account and
Check if the organization used Schedule O to respond to any questio (a) Name and address JERRY SPANGLER, 111 VENANGO TR.,	 in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Check if the organization used Schedule O to respond to any questio (a) Name and address JERRY SPANGLER, 111 VENANGO TR., DAVIDSVILLE, PA 15928	h in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 0.00	(c) Compensation (If not paid, enter -0) 0 •	(d) Contributions to employee benefit plans & deferred	(e) Expense account and other allowances
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Check if the organization used Schedule O to respond to any questio (a) Name and address JERRY SPANGLER, 111 VENANGO TR., DAVIDSVILLE, PA 15928 DEBORAH BORZA PO BOX 6326, ANAPOLIS, MD 21401	h in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00	(c) Compensation (If not paid, enter -0) 0 •	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Check if the organization used Schedule O to respond to any questio (a) Name and address JERRY SPANGLER, 111 VENANGO TR., DAVIDSVILLE, PA 15928 DEBORAH BORZA PO BOX 6326, ANAPOLIS, MD 21401 MARY JANE SNYDER, 18 WALNUT ROAD,	h in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 TREASURER	(c) Compensation (If not paid, enter -0) 0 • T 0 •	(d) Contributions to employee benefit plans & deferred compensation 0 •	(e) Expense account and other allowances 0 . 0 .
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Pa	rt V Other Information (Note the statement requirements in the instructions for Part V	.)				
	Check if the organization used Schedule O to respond to any question in this Part V					X
					Yes	No
33		-	-	33		x
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule ${\bf 0}$	(see instr	ructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among	g others)	, but not			
a						
				35a		X
				35b	N/	<u>a</u>
	complete applicable parts of Schedule N			36		x
				_		
				37b		X
38 a		-				
				38a		X
		38b	N/A	_		
			NT / 7			
				_		
		390	N/A	_		
40 a			0			
ь						
	If W/rell a second state O she should be Down be	p1101 1 01		40b		x
c						
			0.			
d						
		►	0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T			40e		X
41	List the states with which a copy of this return is filed. NONE					
42 a	•	Tele				
	Located at 18 WALNUT ROAD, LAUGHLINTOWN, PA		ZIP + 4 🕨	1565	5	
b						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial				Yes	No
	/			42b		X
				40		v
C				42c		X
40						
43				N/A	🟲	
			43	IN/A		
					Vac	No
44 9	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be complete	d inctase	lof		163	
-1-1 d	5 000 57			44a		x
h	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be comp			740		
5	of Form 990-EZ			44b		x
r	Did the organization receive any payments for indoor tanning services during the year?			440 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, " provide an exp			110		<u> </u>
-	in Schedule O			44d		
				Form 9	90-F7	(2010)

FRIENDS OF FLIGHT 93 NATIONAL MEMORIAL

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Form 990-EZ (2	2010)	FRIENDS	OF	FLIGH	<u>r 93</u>	NATIONA	L MEM	IORIAL	J		27-	05058	<u>353</u>		Page
												F		Yes	
		ation a controlled		-			-						45		Х
	-	receive any payme						-		-	. ,				
		d Schedule R may											45a		X
	•	engage, directly or				•									37
If "Yes," c	omplete Sch	nedule C, Part I		- N			\/4\				<u></u>	·····	46		X
		501(c)(3) or													
		ns and section 494													
	спеск п ше	organization used	a Schea	ule O to resp	ond to a	ny question in this	SPART VI				<u></u>	<u></u>	<u></u>	Yes	No
7 Did the o	raonization a	angaga in labhuin	a ootivit				Deut II					г	47	165	X
		engage in lobbying school as describe											48		X
		make any transfer											49a		X
		ed organization a											49b		
		or the organization											ich rec	ceived I	more
		npensation from t						,	,	5	. ,	,			
· · · ·							itle and ave	rage hours	(c) Con	npensation	(d) Co	ontributions	()	e) Expe	ense
	(a) Name a	and address of ea		loyee paid m	ore	p	er week dev		``	-	benet	employee efit plans &		ccount	
		than \$100	0,000	NONE			positio	n				eferred pensation	othe	er allow	ances
											└──		\perp		
											<u> </u>		—		
		r employees paid						►							
		or the organization			ensated	independent con	tractors wh	o each recei	ived more	than \$100,	000 of (compensa	ition fr	rom the	9
organizat		is none, enter "No and address of ea		NONE	raatar n	aid mara than @1	0.000		(6)	Type of ser			1 Corr	nonod	ion
	(a) Name			pendent com	racior p	aiu more man pr	10,000		(0)	Type of Ser	VICE		0000	ipensat	1011
									1						
									1			+			
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									1						
												+			
									1						
									1						
d Total nun	nber of othei	r independent con	ntractors	s each receivi	ng over	\$100,000			>						
52 Did the o	rganization c	complete Schedul	e A? No	ote: All section	n 501(c)	(3) organizations	and 4947(a	a)(1) nonexe	empt						
		t attach a complet											X Ye	es 🗌	No
	orrect, and cor	s of perjury, I declare mplete. Declaration o	that I hav of prepare	r (other than off	icer) is ba	sed on all informatio	ng schedules n of which pre	eparer has any	nts, and to knowledge	the best of my e.	/ knowled	oge and bei	let, it is	true,	
Sign															
lere	Signature of	1 officer									Date				
	•														
		nt name and title						i -							
	Print/Type	e preparer's name	9	Pr	eparer's	signature		Date		Check	- 1	PTIN			
Paid		— – –								self- employ	yea	1			
Preparer		T J. EYH						08/02	2/12			Ĺ			
Jse Only						CPAS				Firm's EIN		014			<u> </u>
	Firm's add	dress ► 215				0.0.1				Phone no.	. (814)5	36	-78	64
	<u> </u>			DWN, PA								<u> </u>	7		
32174	scuss this re	eturn with the prep	parer sh	iown above?	See inst	ructions					<u></u>	-	X Ye		
3-04-11							٨					F	orm 9	90-EZ	(2010
20002	75000	1		0.2 0	010		ייזאה ד ח סידאה	a			NT 7 77				101
40004	13300.	1 FRIEND	งอบยา	י ככ	010.	000090 F	кт₽МЛ	o UF I	டாடு	בע דח	INA.I	TON	гKJ	ᇉᇟᇄᆝ	ງຮ.

		Pub	lic Charity St	tatus	and P	ublic	Supp	ort	ŀ		1545-004	47
Department of	of the Treasury	-	4947(a)(1) no	onexempt	charitable	e trust.				CU Open to Inspe) ic
Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(c)(1) nonexempt charitable trust. > Attach to Form 990 or Form 990-EZ. > See separate instructions. > Public Charity Status (All organizations and the organization is a section 501(c)(3) organization and complete trust. > Attach to Form 990 or Form 990-EZ. > See separate instructions. > Public Charity Status (All organizations must complete this part.) See instructions. > Temployer identified (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.) > A choruch, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). > A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) > A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital service organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital service organization the complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ii). 7 A norganization that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(ii). (Complete Part II.) 9 A norganization day organization described in section 509(a)(2). 10 A norganization ingenice and operated exclusively to the servitor from a governmental unit described in section 509(a)(2).	identificati	on nu	mber									
	-	FRIENDS	OF FLIGHT 9	3 NAT	IONAL	MEMO	RIAL		27	7-0505	853	
Part I	Reason							tructions.				
The organ												
		-		-		•	-					
2												
					in section	170(b)(1)	(A)(iii).					
4		• •	•					(b)(1)(A)(ii	i i). Enter tl	he hospital	's nam	ıe,
					-				-			
5	An organizati	on operated for the l	penefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental un	it describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(1	1)(A)(v).					
7								or from the	e general p	oublic desc	ribed i	n
	section 170(b)(1)(A)(vi). (Complet	te Part II.)									
8	A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rece	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, ar	nd gross red	ceipts	from
	activities rela	ted to its exempt fur	octions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
	income and ι	unrelated business ta	axable income (less sect	tion 511 ta	ix) from bu	sinesses a	acquired b	y the orga	anization a	after June 3	0, 197	'5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and op	erated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).				
11 🗌	An organizati	on organized and op	erated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes c	fone	or
	more publicly	supported organiza	tions described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Che	eck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.						
	a 🗌 Type I	b 🗌] Type II 🛛 🖌	с 🗌 Тур	e III - Func	tionally int	tegrated		d	Type III - C	Other	
e 💷	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	/ by one oi	r more dis	qualified p	persons oth	er tha	n
	foundation m	anagers and other th	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting o	rganization, check th	is box									
g	Since August	t 17, 2006, has the o										
	(i) A perso	n who directly or indi	irectly controls, either al	one or tog	ether with	persons c	described i	in (ii) and ((iii) below,		Yes	No
	the gove	erning body of the su	pported organization?							11g(i)		
	(ii) A family	member of a person	described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					. 11g(iii)		L
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	e of supported	(ii) EIN						l organizati	s the	(vii) Arr	iount o	f
orga	anization							(i) organiz	ed in the	sup	port	
			above or IRC section			., .						
			(see instructions))	Yes	No	Yes	No	Yes	No			
				ļ								
									1			

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Total

5

Schedule A (Form 990 or 990-EZ) 2010

Part II	Sup

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

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(a) 2000	(6) 2007	(0) 2000	(0) 2000		(1) 10121
	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for						
Ser	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
			_	a a lu una (f))		44	
	Public support percentage for 2010 (I		-			14	%
	Public support percentage from 2009						<u>%</u>
168	33 1/3% support test - 2010. If the o						
L.	stop here. The organization qualifies		-				
D	33 1/3% support test - 2009. If the o						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	•	
-	meets the "facts-and-circumstances"	•	•		•		
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 FRIENDS OF FLIGHT 93 NATIONAL MEMORIAL 27-0505853 Page 3 Part III 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						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					29,770.	29,770.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					491.	491.
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					30,261.	30,261.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						Ο.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						_
amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						30,261.
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	((,	(-/=	(.,	30,261.	30,261.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					16.	16.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					16.	16.
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)					30,277.	30,277.
14 First five years. If the Form 990 is for	r the organization':	ls first. second. thi	I rd. fourth. or fifth 1	_I tax vear as a secti	-	-
check this box and stop here	•					·
Section C. Computation of Publ						
15 Public support percentage for 2010 (line 8, column (f) d	ivided by line 13,	column (f))		15	99.95 %
16 Public support percentage from 2009					16	%
Section D. Computation of Inve			•			
17 Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	.05 %
18 Investment income percentage from 2	2009 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	
more than 33 1/3% , check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	
b 33 1/3% support tests - 2009. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3% , che	eck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
032023 12-21-10			_	Sc	hedule A (Form 990) or 990-EZ) 2010
			./			

13520802 759801 FRIENDSOF93

2010.05090 FRIENDS OF FLIGHT 93 NATION FRIENDS1

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990	-EZ	омв м 2	lo. 1545	-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.			n to P ectior	
Name of the organization	FRIENDS OF FLIGHT 93 NATIONAL MEMORIAL		eridentific 050585		numbe
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:				
DESCRIPTION (OF PROPERTY:		AMC	UNT	:
INTEREST INC	OME				16
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:				
DESCRIPTION	OF OTHER REVENUE:		AMC	UNT	!:
MERCHANDISE	INCOME				491
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:				
DESCRIPTION	OF OTHER EXPENSES:		AMC	UNT	::
INSURANCE					252
OFFICE EXPEN	SE				164
GRANT EXPENS	ES			5,	150
SPECIAL EVEN	IS			15,	785
SPECIAL PROJ	ECTS			1,	974
MERCHANDISE				2,	831
TOTAL TO FOR	M 990-EZ, LINE 16			26,	156
FORM 990-EZ,	PART II, LINE 26, OTHER LIABILITIES:				
DESCRIPTION	BEG. OF	YEAR	END	OF	YEA
DEFERRED GRAI	NT REVENUE	0.		10,	850
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - THE ORGAN	IIZATI	ON COI	LEC	TS
FUNDS THROUG	H DONATIONS, CONTRIBUTIONS, AND MERCHANDISE S	ALES	IN ORI	ER	
TO FUND THE	CONSTRUCTION AND MAINTENANCE OF THE FLIGHT 93	NATI	ONAL		
	SHANKSVILLE, PENNSYLVANIA AND TO SUPPORT ITS eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched 8	PROGR. Jule O (For		90-EZ	<u>²) (2010</u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



FRIENDS OF FLIGHT 93 NATIONAL MEMORIAL

Employer identification number 27-0505853

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2010)

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