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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A	For the	e 2009 calend <u>ar year</u>	, or tax year beginning ,	and ending			
В	Check if	applicable Please	D E	mployer identification number			
Н	Address	change use IRS	_				
Н	Name d	hange print or	Number and street (or P O box, if mail is not delive		1		26-0003768
Н	initial ref	l con	Room/suite		elephone number		
Н	Termina	Specific			03-531-1085		
Н	Amende	IIISUUG	City or town, state or country, and ZIP + 4 FALLS CHURCH	VA 22044		ļ	roup Exemption
Ш		tion 501(c)(3) organ	izations and 4947(a)(1) nonexempt charitable		G Accounting		umber Accrual
	• •••		ompleted Schedule A (Form 990 or 990-EZ).	a uses must awarn	Other (specify)		Las Casi L. Accide
$\overline{}$	Websit		imetofly.org		H Check ▶	T-1	the organization is not
j	_	empt status (check only o		4947(a)(1) or		attach S	Schedule B (Form 990,
ĸ	Check		organization is not a section 509(a)(3) supporting				
	Form 9		eturn is not required, but if the organization choose				•
<u></u>	Add line	s 5b, 6b, and 7b, to line	9 to determine gross receipts; if \$500,000 or more, file	Form 990 instead of Form	n 990-EZ	>	\$ 293,245
F	art I	Revenue, E	xpenses, and Changes in Net Asset	s or Fund Balar	nces (See the instr	uction	s for Part I)
	1	Contributions, gifts, gra	nts, and similar amounts received			1	
	2	Program service rev	renue including government fees and contracts			2	35,573
	3	Membership dues a	nd assessments			3	
	4	Investment income			1	4	13,726
	5a	Gross amount from	sale of assets other than inventory	_5a			
	b	Less cost or other t					
	С	, ,	e of assets other than inventory (Subtract line 5b from li	•		50	;
Revenue	6	•	ivities (complete applicable parts of Schedule G). If any		, check here ▶ [_		
e e	a	Gross revenue (not	including \$ of co	entributions	1		
ž		reported on line 1)		6a		_	
	þ	· ·	es other than fundraising expenses	6b			
	_ c) from special events and activities (Subtract line	ſ	1	60	`
	7a		ntory, less returns and allowances	7a	 		
	1	b Less cost of goods sold 7b					-
	8 B	Other revenue (desc) from sales of inventory (Subtract line 7b from I	ine raj) 8	
2010	9	•	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		——————————————————————————————————————	, 	222 222
=	10		Imounts paid (attach schedule)			10	
€	11	Benefits paid to or fo				11	
	12	•	pensation, and employee benefits			12	00.040
Expenses/	13	•	nd other payments to independent contractors	•		13	1 4 6 6 6
<u>₹</u>	14		lities, and maintenance			14	44 544
ũ	15	Printing, publications	s, postage, and shipping			15	4
3	16	Other expenses (de-	scribe > See Statement 1) 16	40,104
	17	Total expenses. Ac	dd lines 10 through 16			17	131,154
ي گ	18	Excess or (deficit) for	or the year (Subtract line 17 from line 9)			18	162,091
ور 19	19	Net assets or fund b	palances at beginning of year (from line 27, colui	mn (A)) (must agree v	vith		
Assets		end-of-year figure re	ported on prior year's return)			19	50,866
Ž.	29 F		assets or fund balances (attach explanation)			20	
	21		palances at end of year Combine lines 18 through			21	
<u> </u>	Part II	- 1 7	gets. If Total assets on line 25, column (B) are	\$1,250,000 or more,			
[4]	MA'	1 /4 76 / 13 11 1	(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22		savings, and investme	<u> </u>		53,88		
23	Land a	nd buildings				23	
)	53,88	24	225 222
	Total a	i ssets i abilities (describe	See Statement 2	1	3,02		
		•	s (line 27 of column (B) must agree with line 21	<i>,</i> 1)	50,86		
<u> </u>	1401 00	SOM OF FRIEND PRINTING	a function of condumition lines agree and time T	'/	30,00	21	

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

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Form	n 990-EZ (2009)	_ TIME	e T	O FLY	, E	OUNDA:	<u>rion</u>		20	6-00C	3768			_		Page 2
P	art III Sta	tement o	of Pro	ogram S	Servic	ce Acco	mplishment	s (Se	e the instruct	ions fo	r Part I	II.)		Ex	penses	
Wha	it is the organiza												7 (R	Required	for section	
	elp formerly					1							1 '		and 501(c)(4)	١
	cnbe what was a						empt numoses. I	n a clea	ar and concise						ons and sect	
			-	-	-				ant information fo	r			1		trusts, optio	
		ocivioco pi	01,000	a, a.c	1001 01	personic b	chemes, or care		ant unonnauon io	•						IIdi
	n program title								·				OT	r others	<u> </u>	
28	See Statems	ent 3											ļ			
													1			
														}		
	(Grants \$) If the	is amo	unt include	es foreign grants	, check	here		▶	ଯ	28a	L	98,	239
29																
													1			
	(Grants \$) If the	ie amo	unt include	s foreign grants,	chack	here		▶		29a	1		
30	(Ciana y	_		, 11 011	is arrio	unt madde	s loreign grants.	, alea	TIEFE			—	230			
JU													1			
												_				
	(Grants \$) If the	is amo	unt include	s foreign grants,	, check	here		<u>></u>	Ш	30a			
31	Other program s	ervices (atta	ich scl	nedule)									ł			
	(Grants \$) If thi	is amo	unt include	s foreign grants,	, check	here		•	П	31a			
	Total program s	service expe	enses						•		•		32		98,	239
								t each o	one even if not co	omnensa	ted (See	the	_	one for F		
•		01 01110010	, 5	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		and itoj i	zinpioyoco: Eisi		b) Title and average		npensation) Contrib		(e) Expen	se
			(a) i	Name and a	address			Ι,	hours per week	(If n	ot paid,	emp		efit plans &	account a	nd
								-+	devoted to position	ent	er -0)	det	erred com	pensation	other allowa	nces
Mic	hele Jones								President	ļ.						
										 	31,20	<u> </u>		0		0
Kar	en Gamarra							- 1:	Director							
												o		0		0
Pam	ela James								Director							
										İ		o		0		0
Cor	a Crittenton								Director	 		1				<u>_</u>
	a Clicomon								DILECTOL	1		_				_
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Ros	alyn Hughey								Director							
				-						ļ		<u> </u>		0		
Lyn	n Carter					•			Treasurer							
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Вгу	an Crittenton	n						- 1:	Director	l						
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Form **990-EZ** (2009)

Form	990-EZ (2009) TIME TO FLY FOUNDATION 2	6-0003	768		Р	age 3
Pa	rt V Other Information (Note the statement requirements in the instruct	ions for P	art V)			
	•				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a det	tailed				
	description of each activity .			33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conforme	d copy of				
	the changes			34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among other	ers), but not re	eported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T					
8	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to s	section				
	6033(e) notice, reporting, and proxy tax requirements?			35a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net	assets				
	dunng the year? If "Yes," complete applicable parts of Schedule N		•	36_		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	▶ 37a				
b	Did the organization file Form 1120-POL for this year?			37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ					
_	any such loans made in a prior year and still outstanding at the end of the period covered by this re		i	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b				
39	Section 501(c)(7) organizations Enter					
a	Initiation fees and capital contributions included on line 9	39a				
b	Gross receipts, included on line 9, for public use of club facilities	39b				
80a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year u					
	section 4911 ▶, section 4912 ▶; section 4			-		
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exc					
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disc	•				
	person in a prior year, and that the transaction has not been reported on any of the organization's p	onor		405	1	X
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			40b		
·	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,					
	4955, and 4958	>				
А	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			-		
u	reimbursed by the organization	I				
۵	All organizations At any time during the tax year, was the organization a party to a prohibited tax sh	nelter —		-		
Ů	transaction? If "Yes," complete Form 8886-T	icitoi		40e		X
31	List the states with which a copy of this return is filed VA			[400]		
 32a	The organization's books are in care of Small Business Accountant	Te	elephone no 🕨 7	03-534	4-60)40
	6057 B Arlington Blvd		iophono no p		- •	
	Located at Falls Church, VA		ZIP+4 ▶ 2	2044		
b	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 fi	•		ſ	Yes	No
	account)?			42b		X
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fore	ign Bank		_		
	and Financial Accounts.					
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42c	l	X
	If "Yes," enter the name of the foreign country					
33	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check he	ere		_		▶[
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43			
					Yes	No
4	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead	ead of			-	
	Form 990-EZ			44		X
15	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If				
	"Yes," Form 990 must be completed instead of Form 990-EZ		 -	45		X
				Form 99 ()-EZ	(2009

Form 990	90-EZ (2009) TIME TO FLY FOUNDATION		20	6-0003768			Page 4
Part \	VI Section 501(c)(3) organizations and section	4947(a)(1) n	onexempt	charitable tru	usts only. All se	ection	
•	501(c)(3) organizations and section 4947(a)(1	l) nonexempt	charitable	trusts must a	answer question	s 46-49b)
	and complete the tables for lines 50 and 51.				•		
4 6 Dic	id the organization engage in direct or indirect political campaign acti	vities on behalf o	f or in oppos	ition to		Yes	No
	andidates for public office? If "Yes," complete Schedule C. Part I					46	X
	id the organization engage in lobbying activities? If "Yes," complete s	Schedule C. Part	11			47	X
	the organization operating a school as described in section 170(b)(hedule F		48	X
	id the organization make any transfers to an exempt non-charitable i		•	arcadic L		49a	X
	"Yes," was the related organization a section 527 organization?	related organization	A11 ·			49b	
	omplete this table for the organization's five highest compensated er	mnlovees (other t	han officers	directore truetage	and key	130	
	mployees) who each received more than \$100,000 of compensation				-		
			itte and average	(c) Compensation	(d) Contributions to	(e) Expe	nse
	(a) Name and address of each employee paid more than \$100,000	ho	urs per week	(-)	employee benefit plans &	account a	and
••••		devo	ited to position		deferred compensation	other allowa	ances
None							
	· · · · · · · · · · · · · · · · · · ·				 		
	4						
							
f To	otal number of other employees paid over \$100,000		▶				
	(a) Name and address of each independent contractor paid more than \$100	0,000	(b)	Type of service	(c) C	ompensation	
None		İ					
						-	
							-
.							
d Tot	otal number of other independent contractors each receiving over \$1	00,000	-				
	Under penalties of penjury, I declare that I have examined this return,						
	and belief, it is once, correct, and complete Degraration of preparer (or	including accompan ther than officer) is t	ying schedules based on all inf	and statements, and formation of which ore	to the best of my know name/has any knowled	rledge ne	
Sign	VIVALLE OF BUR			. 51	4/1	,·	
Here	Signature of officer/	·			///		
11010	Signature di SINES IN SAGI			Date /	,		
	Type or print name and title		 -	 			
	7,7		Date	Check if	Dranarar's Identif	ana Number /S	oo inch)
Final at	Preparer's		l .	self-	Preparer's Identif	ying number (S	ee instr)
Paid D	signature		05/14	/10 employed ▶			
Prepare	Tame name (or yours)		–		EIN ▶ 5	4-1798	232
Use On	" doi: opio/od/;		<u>d</u>		Phone		
	address, and ZIP + 4 Falls Church, VA	22044			no ▶ 703-	<u>-534</u> -6	040
May the I	IRS discuss this return with the preparer shown above? See instruct	tions	-		•	Yes	No
		···			For	m 990-EZ	(2009)

SCHEDULE. A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047

Employer Identification number

Open to Public Inspection

FOUNDATION TIME TO FLY 26-0003768 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) 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), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 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 c Type III-Functionally integrated Type II 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) 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) Yes No and (iii) below, the governing body of the supported organization? 11g(l) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (II) EIN (i) Name of supported (III) Type of organization (IV) Is the organization (V) Did you notify (vi) is the (vii) Amount of the organization in organization (described on lines 1-9 in col (1) listed in your support col (1) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	edule A (Form 990 or 990-EZ) 2009 TIN	Æ TO FLY	FOUNDATI	ON	26	5-0003768	Page 2
P	art II Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	ction A. Public Support				 		
Ca	dendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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						
Ca	dendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	- v-					
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						1.07
11	Total support. Add lines 7 through 10		1		<u> </u>	L	
2	Gross receipts from related activities, etc. (s	•				12	
3	First five years. If the Form 990 is for the		second, third, fourth	n, or fifth tax year a	as a section 501(c)(3)	. \Box
300	organization, check this box and stop here tion C. Computation of Public Su		<u> </u>				
							
4	Public support percentage for 2009 (line 6,	٠,,	•	1))		14	<u>%</u>
5 c-	Public support percentage from 2008 Sched					15	%_
99	33 1/3 % support test—2009. If the organic			, and line 14 is 33	1/3 % or more, che	eck this box	, —
_	and stop here. The organization qualifies a		_	-404145	- 00 4 0 04		▶ ⊔
D	33 1/3 % support test—2008. If the organic				is 33 1/3 % or mon	e, check this	. □
7-	box and stop here. The organization qualifi	• •	• •		. 401 11 44	4004	▶ 📙
<i>1</i> 8	10%-facts-and-circumstances test—2009						
	more, and if the organization meets the "facts and circumston			-	•	v now the	<u> </u>
~	organization meets the "facts-and-circumsta		-		-	no 45 io 400/	▶ ∐
b	10%-facts-and-circumstances test2008	_					
	more, and if the organization meets the "facts-and-circumsta			•	•	v now the	⊾ □
8	Private foundation. If the organization did		•		•	eta ichooc	I H
_	THE PROPERTY OF THE PROPERTY O	THE WILLIAM A DUX U	, mic 10. 10 0 . 100.	119. UL 1/D. UHCUK	una vux diiu see ii	COLUMN ARCH IN	

TTFLY 05/14/2010 8 57 AM TIME TO FLY FOUNDATION 26-0003768 Schedule A (Form 990 or 990-EZ) 2009 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 83.736 109,726 131,998 673<u>,120</u> 103,714 243,946 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 49,299 49,299 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge R Total. Add lines 1 through 5 83,736 109,726 131,998 103,714 293,245 722,419 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) 722,419 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 83,736 722,419 109.726 131,998 103,714 293,245 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,330 3,188 4,090 -30,551 -20,943 sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 2,330 3,188 4,090 -30,551 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, 86,066 112,914 136,088 293,245 722,419

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

Sec	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	97.77%
Sec	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A. Part III. line 17	18	2%

- 19a 33 1/3 % support tests—2009. 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
 - 33 1/3 % support tests—2008. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 TIME TO FLY FOUNDATION

26-0003768

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

26-0003768

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Website Expenses	1,235
Office Supplies	80
Students Supplies	2,242
Postage	1,268
Telephone	2,654
Janitorial Service	345
Bank Service Charge	56
Paypal fee	217
Fallfest	4,336
Refreshments	1,217
Annual Adult Conference	9,559
Insurance General Liabity	235
Insurance Worker's Compensati	347
Volunteer Training	470
Material Training	1,355
Volunteer Recognition & P	127
Program Expenses	1,096
Community Outreach	11,051
Family Outreach	1,266
Transportation	492
Christmas	200
Thanksgiving	256
Total	\$ 40,104

Statement 2 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	eginning of Year	 End of Year
Accounts Payable and Accrued Expenses Deferred Revenue	\$ 2,523 500	\$ 4,071
	 3,023	4,071

TTFLY TIME TO FLY FOUNDATION

26-0003768

Federal Statements

5/14/2010 8:56 AM

FYE: 12/31/2009

Statement 3 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

Provide domestic violence prevention and intervention training for women and children, through free workshops, 9 week course and AfterCare support groups and Lifeskills. Educate and raise community awareness to the societal costs of family and dating violence.