PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

|9 Open to Public . Inspection

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OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

AF	or th	e 2019 calendar year, or tax year beginning ar	nd ending							
B (Check if	e: C Name of organization		D Employer identifie	cation number					
	Addr chan	PATIENT AIRLIFT SERVICES, INC.								
	Nam			27-2370028						
	Initia returi		Room/suite	E Telephone number	r					
	Final retur	7110 REPUBLIC AIRPORT	202	631-694-						
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,512,546.					
	Amer	FARMINGDALE, NI 11735		H(a) Is this a group re						
	Appli tion pend	F Name and address of principal officer: O EFFERT RADIKE		for subordinates						
		SAME AS C ABOVE		H(b) Are all subordinates in						
		tempt status: $X 501(c)(3) = 501(c) () = (insert no.) = 4947(a)()$	1) or 527	- '	list. (see instructions)					
		te: ► WWW.PALSERVICES.ORG f organization: X Corporation Trust Association Other ►		H(c) Group exemption	n number > I State of legal domicile: NY					
	art I	Summary	L Year		State of legal domicile: IN I					
	1	Briefly describe the organization's mission or most significant activities: ARR	ANGE FR	EE ATR TRANS	SPORTATION					
e	1.	BASED ON NEED TO INDIVIDUALS REQUIRING M								
Governance	2	Check this box								
ver	3			3	14					
	4	Number of independent voting members of the governing body (Part VI, line 1b)			14					
8 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			15					
vitie	6	Total number of volunteers (estimate if necessary)			1425					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.					
				Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)		1,003,326.	1,151,534.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0. 14,766.	<u> </u>					
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		123,177.	54,966.					
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,141,269.	1,225,096.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		772,745.	907,466.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		40,614.	76,636.					
Del 1	b	Total fundraising expenses (Part IX, column (D), line 25)	394.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		582,935.	744,380.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,396,294.	1,728,482.					
	19	Revenue less expenses. Subtract line 18 from line 12		-255,025.	-503,386.					
S OF	1		Be	ginning of Current Year	End of Year					
Assets Balanc	3	Total assets (Part X, line 16)	·····	1,975,972.	1,588,157.					
etA		Total liabilities (Part X, line 26)		121,653.	237,224.					
		Net assets or fund balances. Subtract line 21 from line 20		1,854,319.	1,350,933.					

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		Signatu	re of o	officer									Date			
Here					LINS	, PRE	SIDE	NT								
	/	1900 01	print	name				1				Data		<u> </u>	DTIN	
		nt/Type pre							r's signature			Date	Check		PTIN	
Paid	LOI	RI RC	TH	ЕΥ	OKOB	OSKY,	CPA	LORI	ROTHE	YOKOE	BOSKY	05/15	/20 self-empl	oyed P	012734	22
Preparer	Firm	n's name		COF	INREZ	NICK	LLP						Firm's EIN ▶	22-	147809	9
Use Only	Firm	n's addres	s 🕨	4 E	BECKE	R FAR	M RO	AD								
						ID, NJ							Phone no. 9'	73-2	28-350	0
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)															
932001 01-2	0-20	LHA	For F	Paper	work R	eduction A	Act Notic	ce, see t	he separate	instructio	ns.				Form 99	0 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III III Briefly describe the organization's mission: Image: Check if Schedule O contains a response or note to any line in this Part III
PATIENT AIRLIFT SERVICES IS A NETWORK OF OVER 1000 VOLUNTEERS WHICH
INCLUDES PILOTS WHO DONATE THEIR AIRCRAFT AND PILOTING SKILLS TO HELP
FAMILIES IN NEED, ENABLING THEM TO RECEIVE VITAL TREATMENT THAT MIGHT
OTHERWISE BE INACCESSIBLE BECAUSE OF FINANCIAL, MEDICAL OR GEOGRAPHIC
Did the organization undertake any significant program services during the year which were not listed on the
orior Form 990 or 990-EZ?
f "Yes," describe these new services on Schedule O.
Did the organization cease conducting, or make significant changes in how it conducts, any program services?
f "Yes," describe these changes on Schedule O.
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 are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.
(Code:) (Expenses \$582,991. including grants of \$) (Revenue \$)
ARRANGE CHARITABLE FLIGHTS FOR CHILDREN AND ADULTS INCLUDING MILITARY
PERSONNEL AND THEIR FAMILIES FOR ACCESS TO HEALTH CARE AND FOR OTHER
HUMANITARIAN PURPOSES.
410.052
(Code:) (Expenses \$412,253. including grants of \$) (Revenue \$)
PUBLIC AWARENESS PROGRAMS TO PROVIDE INFORMATION TO THE PUBLIC ABOUT
THE NEED FOR AND THE AVAILABILITY OF FREE AIR TRANSPORTATION SERVICES FOR CHILDREN AND ADULTS, INCLUDING MILITARY PERSONNEL AND THEIR
FOR CHILDREN AND ADULTS, INCLUDING MILITARY PERSONNEL AND THEIR FAMILIES.
AMIDIES.
Code:) (Expenses \$ including grants of \$) (Revenue \$
Code:) (Expenses \$) (Revenue \$)
Other program services (Describe on Schedule O.)
Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 995,244.
Form 990 (20)
01-20-20

Form	990	(2019)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			37
	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			v
_	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,	_		х
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u>_</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			- 23
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 6 and 11e? 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	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
332003	01-20-20	Form	aan	(2019)

932003 01-20-20

Form	aan	(2019)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
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 "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c		<u> </u> (2019)
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	3			

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	990 (2019) PATIENT AIRLIFT SERVICES, INC.		27-2370	028	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccoun	t)?	4a	_	X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgar	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and ser	vices pi	ovided to the payor?	7a	X	
				7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			_		v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g 7b		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			00		
a b				9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
				Form	990	(2019)

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Form 990	(2019)
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PATIENT AIRLIFT SERVICES, INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		14			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the		•				
	of officers, directors, 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 9	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				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 ap	point o	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, st	ockho	ders, 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						
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
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 ch	apters	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	in Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a				
	taxable entity during the year?				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				Tou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure				100		
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY, CT, NJ, MA, M	E					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar		T (Section	501(c)(3)		availa	hla
10	for public inspection. Indicate how you made these available. Check all that apply.	iu 990		301(0)(3)3	ority)	avalla	DIE
40				alion and	finan		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	rinict C	r interest p	oncy, and	mdfl	oidi	
20	statements available to the public during the tax year.	ko er	I rooside				
20	State the name, address, and telephone number of the person who possesses the organization's boo ANDREA MCAULIFFE – (203) 517-6678	iks and	records	-			
	53 INWOOD AVENUE, POINT LOOKOUT, NY 11569						

Form 990 (2	019) PATIENT AIRLIFT SERVICES, INC.	27-2370028	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated					
Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending v	Ũ	s tax year.				

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALAN SHEINESS	5.00	_			-	1 0				
VICE CHAIRMAN AND ACTING S		х		x				0.	Ο.	0.
(2) BARBARA BLYDENBURGH	1.00									
OUTGOING DIRECTOR		х						0.	0.	0.
(3) BRIAN LISOSKI	1.00									
DIRECTOR		х						0.	0.	0.
(4) JAMES MCCLOUD	1.00									
DIRECTOR		х						0.	Ο.	0.
(5) JAMES O'ROURKE	1.00									
DIRECTOR		х						0.	Ο.	0.
(6) JAMES PLATZ	1.00									
VICE CHAIRMAN		Х		X				0.	Ο.	0.
(7) JEFFREY RADTKE	12.00									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(8) JOHN ROCHELLE	3.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(9) JOSEPH HOWLEY	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(10) KEITH WARD	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARK HANSON	4.00									
OUTGOING DIRECTOR		Х						0.	0.	0.
(12) MICHAEL GOONAN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PAUL WEISMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RAYMOND BLYDENBURGH	1.00									
OUTGOING DIRECTOR		Х						0.	0.	0.
(15) RHODA KUPFERBERG JOSS	2.00									
DIRECTOR		Х						0.	0.	0.
(16) ROBIN EISSLET	1.00									
OUTGOING DIRECTOR		Х						0.	0.	0.
(17) SCOTT ASHTON	1.00									
DIRECTOR		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

932007 01-20-20

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Form **990** (2019)

	990 (2019) PATIENT	AIRLIFT	SE	ERV	ΊC	ES	5,	IN	IC.	27-23	700)28	Page 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average			Pos	itior			Reportable	Reportable			nated
		hours per					than o is both		compensation	compensatior	,		unt of
		week					or/trus		from	from related	.		her
		(list any	tor						the	organizations			ensation
		hours for	direc				5		organization	(W-2/1099-MIS			n the
		related	ee or	stee			nsate		(W-2/1099-MISC)	,	<i>`</i>	orgar	ization
		organizations	Individual trustee or director	Institutional trustee		yee	amo					and r	elated
		below	idual	ution	5	Key employee	est co	er				organi	izations
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18)	STUART WALDRUM	1.00				_							
DIRE			х						0.		0.		0.
	DONNA COLLINS	40.00	23				+				••		
		40.00			v				152 105		<u>^</u>	27	0 N E
EXEC	UTIVE DIRECTOR				X		-		153,195.		0.	47	<u>,805.</u>
			-										
16	Subtotol	1							153,195.		0.	27	,805.
	Subtotal								0.		0.	47	<u>,005.</u> 0.
	Total from continuation sheets to Part V											27	
	Total (add lines 1b and 1c)								153,195.		0.	47	,805.
2	Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
	compensation from the organization												1
											_	Y	'es No
3	Did the organization list any former office	r, director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for	such individual										3	X
4	For any individual listed on line 1a, is the s										···		
•	and related organizations greater than \$15										- 1	4	x
5	Did any person listed on line 1a receive or										···· -		
5												-	v
0	rendered to the organization? If "Yes," co	mplete Schedule	e J fo	or sı	ich i	oers	on .					5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest c	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensati	ion from	I
	the organization. Report compensation for	r the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)								(B)			(C)	
	Name and busines	s address	NC	ONE	3				Description of s	ervices	Co	ompens	ation
								T					
2	Total number of independent contractors	(including but p	ot lin	niter	d to t	thos	se lis	ted	above) who received mo	ore than			
-	\$100,000 of compensation from the organ))						
	wise, ou of compensation nom the organ						-						90 (2019)

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(2 19)

Part VIII Statement of Revenue (C) (C) Chock if Schedule O contains a resonce or note to any line in this Part VIII (C) <		1 990				RLIE	T SERVIC	CES,	INC.		27-2370	028 Page 9
Image: constraint of the second sec	Pa	rt VI		Statement of Re	venue							
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as federated campaigns is is<									•	Related or exempt	Unrelated	Revenue excluded
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Sector b		•	_			-	Business Code					
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Part IV, line 19 9a 49,870. 9b 1,549. c Net income or (loss) from gaming activities ▲ 48,321. 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ solution 10a 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ solution 10a 10a c Net income or (loss) from sales of inventory ▶ c Int a CC REWARDS CREDIT 522210 10,525. b Int a Int a Int a Int a Int a c Int a Int a Int a Int a c Int a Int a Int a Int a c Int a Int a Int a Int a c Int a Int a Int a Int a c Int a Int a Int a Int a c Int a Int a					-		►		,			2,300
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c Net income or (loss) from gaming activities ▲ 8,321. ▲ 48,321. 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory ▶ 10a 11 a CC REWARDS CREDIT Business Code 10,525. b		ł										
10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ 11 a CC REWARDS CREDIT Business Code b 522210 10,525. c 10 a d All other revenue 10,525. e Total. Add lines 11a-11d 10,525. 12 Total revenue. See instructions 1,225,096.							►	48	,321.			48,321.
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a CC REWARDS CREDIT b 522210 c 10,525. d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions					• •		i					
b Less: cost of goods sold 10b ► − ► −				•		10a						
Business Code Image: Constraint of the state of th		ł										
11 a CC REWARDS CREDIT 522210 10,525. 10,525. b		(c I	Net income or (loss) from	sales of invento	ry	►					
e Total. Add lines 11a-11d ► 10,525. 12 Total revenue. See instructions ► 1,225,096. 0. 0. 73,562.	s			~~		ļ			= ^ =			4.0 5.5 5
e Total. Add lines 11a-11d ► 10,525. 12 Total revenue. See instructions ► 1,225,096. 0. 0. 73,562.	∋ou	11 a	a (CC REWARDS CR	EDIT		522210	10	,525.			10,525.
e Total. Add lines 11a-11d ► 10,525. 12 Total revenue. See instructions ► 1,225,096. 0. 0. 73,562.	lane	l	b.									
e Total. Add lines 11a-11d ► 10,525. 12 Total revenue. See instructions ► 1,225,096. 0. 0. 73,562.	Sev	(-									
12 Total revenue. See instructions ▶ 1,225,096. 0. 0. 73,562.	Mis	(1.0	EDE			
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PATIENT AIRLIFT SERVICES, Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	181,000.		111,000.	70,000
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	641,200.	414,587.	41,178.	185,435
8	Pension plan accruals and contributions (include	10.000	10 000		4 5 6 6
	section 401(k) and 403(b) employer contributions)	18,000.	12,600.	900.	<u>4,500</u> 1,333
9	Other employee benefits	6,500.	4,167.	1,000.	<u> </u>
0	Payroll taxes	60,766.	32,835.	9,539.	18,392
1	Fees for services (nonemployees):				
а	Management	1,260.		1,260.	
		25,345.		25,345.	
	Accounting	23,343.		25,545.	
	Lobbying Professional fundraising services. See Part IV, line 17	76,636.			76,636
e f	Investment management fees	70,050.			70,050
ч g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A) amount, list line 11g expenses on Sch O.)	148,637.	73.144.	68,880.	6,613
2	Advertising and promotion	24,407.	73,144. 17,275.	62.	7,070
3	Office expenses	41,149.	28,973.	3,921.	8,255
4	Information technology	43,937.	24,973.	3,977.	14,987
5	Royalties		·		•
6	Occupancy	65,676.	52,236.	6,720.	6,720
7	Travel	28,202.	20,050.	3,224.	4,928
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,510.	2,560.	450.	500
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	104,263.	81,767.	1,659.	20,837
3	Insurance	22,973.	18,183.	4,298.	492
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	100 000	100.000		
а	PATIENT COMMERCIAL TRAV	190,939.	190,939.		01 444
b	SPECIAL PROMO EVENTS	22,080. 19,265.	634.		21,446
c	FUEL FOR PILOTS	19,205.	19,265.		
d		2,737.	1,056.	1,431.	250
	All other expenses Add lines 1 through 24a	1,728,482.	995,244.	284,844.	448,394
5	Total functional expenses. Add lines 1 through 24e	1,120,402.	JJJ, 444•	204,044.	440,094
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Fight following SOP 98-2 (ASC 958-720)				

INC.

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2019.03042 PATIENT AIRLIFT SERVICES, 01566071

33

Total liabilities and net assets/fund balances

PATIENT AIRLIFT SERVICES, INC.

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 450,829. 426,763. 1 1 Cash - non-interest-bearing 1,237,067. 902,307. 2 Savings and temporary cash investments 2 4,786. 2,088. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 31,327. 45,168. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 344,188. basis. Complete Part VI of Schedule D _____ 10a 176,712. 254,656. 167<u>,4</u>76. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 24,071. 17,591. 15 15 Other assets. See Part IV, line 11 1,975,972. 1,588,157. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 127,224. 121,653. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 110,000. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 121,653. 237,224. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,854,319. 27 1,335,933. 27 15,000. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,854,319. 1,350,933. Total net assets or fund balances 32 32 1,975,972. 1,588,157.

Form 990 (2019)

33

Form 990 (2019) Part X | Balance Sheet

	990 (2019) PATIENT AIRLIFT SERVICES, INC.	27-23	70028	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			
			1 005	- ^	۰ <i>c</i>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,225		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,728	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-503		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,854	1,3.	19.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,350),9:	33.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?				х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
-			Eorm	aan	0010

Form **990** (2019)

SCHEDULE A	SC	HE	DL	JLE	Α
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(Form	990	or	990-EZ)

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-FZ

OMB No. 1545-0047
2019
Open to Public

	t of the Treasury /enue Service			Attach to Form 990 or F v/Form990 for instructio			oformation	Inspection			
Name of	f the organizati		do to www.ii3.got			e latest li		r identification numbe			
	.		ENT AIRLIF	T SERVICES, I	INC.			27-2370028			
Part I	Reason	for Public C	Charity Status	All organizations must co	mplete th	s part.) Se					
The orga 1 2 3 4 5 6 7 _X	 A church, co A church, coi A school des A hospital or A medical rescity, and stat An organizati section 170 A federal, stat An organizati section 170(a private found nvention of chi cribed in sect i a cooperative search organize e:	ation because it is: (urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in con or the benefit of a con complete Part II.) vernment or governn Ily receives a substa omplete Part II.)	For lines 1 through 12, cl on of churches described (Attach Schedule E (Form anization described in se njunction with a hospital llege or university owned nental unit described in s ntial part of its support fr	neck only of in section 990 or 99 ection 170 described or operate section 17 om a gove	one box.) n 170(b)(1)0-EZ).) (b)(1)(A)(ii in sectio ed by a go	I)(A)(i). ii). n 170(b)(1)(A)(iii). Ente overnmental unit describ (v).	ped in			
8	A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)						
9	•										
10 11 12 a	activities rela income and u See section An organizati An organizati more publicly lines 12a thro	ted to its exent unrelated busin 509(a)(2). (Cont ion organized a ion organized a y supported orgony bugh 12d that o	npt functions - subject ness taxable income mplete Part III.) and operated exclusi and operated exclusi ganizations describe describes the type o	e than 33 1/3% of its supp ct to certain exceptions, (less section 511 tax) fro ively to test for public saf ively for the benefit of, to ed in section 509(a)(1) o of supporting organization supervised, or controlled	and (2) no m busines rety. See perform th r section to a and com	more than ses acquir section 50 ne functior 509(a)(2). plete lines	n 33 1/3% of its support red by the organization 09(a)(4). ns of, or to carry out the See section 509(a)(3). 12e, 12f, and 12g.	from gross investment after June 30, 1975. purposes of one or Check the box in			
ь [the suppor organizatio Type II. A s control or r	ted organization. You must c supporting org management o	on(s) the power to rec complete Part IV, Se anization supervised	gularly appoint or elect a ections A and B. I or controlled in connect anization vested in the sa	majority o	f the directs supporte	etors or trustees of the s	ving			
c _ d [e _	its support Type III no that is not requiremen Check this	ed organization n-functionally functionally int th (see instruction box if the organ	n(s) (see instructions / integrated. A supp egrated. The organiz ions). You must cor anization received a v	g organization operated b). You must complete F porting organization oper- zation generally must sati nplete Part IV, Sections written determination from nally integrated supportin	Part IV, Se ated in cor sfy a distri A and D, m the IRS	ctions A, nnection w bution rec and Part that it is a	D, and E. vith its supported organ quirement and an attent V.	ization(s)			
f En	ter the number	of supported of	organizations								
		ing information	i about the supporte (ii) EIN		(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions			
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 PATIENT AIRLIFT SERVICES, INC. Part II Support Schedule for Organizations Described in Sections 170(b)

27-2370028 Page 2

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 the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	815,324.	963,508.	1185262.	1003326.	1151534.	5118954.
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	815,324.	963,508.	1185262.	1003326.	1151534.	5118954.
	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)						1007257.
6	Public support. Subtract line 5 from line 4.						4111697.
	ction B. Total Support						4111007.
		(-) 2015	(h) 2016	(a) 2017	(4) 2019	(a) 2010	
	ndar year (or fiscal year beginning in)	(a) 2015 815,324.	(b) 2016 963,508.	(c) 2017 1185262.	(d) 2018 1003326.	(e)2019 1151534.	(f) Total 5118954.
	Amounts from line 4	015,524.	905,500.	1105202.	1003320.	TT2T224.	5110954.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 5 2 7	1 5 9 7	2 0 0 0	16 040	10 615	41 E1C
	and income from similar sources	1,537.	1,527.	2,989.	16,848.	18,615.	41,516.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	93,455.	167,604.	165,712.	239,487.	195,851.	862,109.
11	Total support. Add lines 7 through 10						6022579.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
_	organization, check this box and stor	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	68.27 %
	Public support percentage from 2018					15	66.06 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		U U				
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization	-	▶□
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	•				-	
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio			-			
	G *** = ====		,			dule A (Form 990	

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 PATIENT AIRLIFT SERVICES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here		<u></u>	<u></u>	<u></u>		
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the	-					ine 17 is not
_	more than 33 1/3%, check this box ar	-	-				▶∟
b	33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	m ala not check a	box on line 14, 19	a, or 190, check t			P
93202	3 09-25-19		15	5	Sch	equie A (Forn	n 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 PATIENT AIRLIFT SERVICES, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990 or 990-EZ) 2019 PATIENT AIRLIFT SERVICES, INC. 27-2370028 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	<u>11a</u> 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)	_	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b		
з а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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Sche	dule A (Form 990 or 990-EZ) 2019 PATIENT AIRLIFT SERVICE	S, IN	с.	27-2370028 Page 6
Pa				U
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 PATIENT AIRLIFT SERVICES, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 PATIENT				27-2370028 Page 8
Part VI Supplemental Information. Provid	le the explanation	ons required by Part	t II, line 10; Part	II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4d	c, 5a, 6, 9a, 9b,	9c, 11a, 11b, and 1	1c; Part IV, Sect	tion B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Pa	rt IV, Section E,	lines 1c, 2a, 2b, 3a,	and 3b; Part V,	line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Se	ction E, lines 2,	5, and 6. Also comp	plete this part fo	r any additional information.
(See instructions.)				

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2015 AMOUNT: \$	93,455.
2016 AMOUNT: \$	167,604.
2017 AMOUNT: \$	165,712.
2018 AMOUNT: \$	239,487.
2019 AMOUNT: \$	135,456.
GAMING ACTIVITY	
2019 AMOUNT: \$	49,870.
OTHER INCOME	
2019 AMOUNT: \$	10,525.
SCHEDULE A, PAR	T II, EXPLANATION FOR OTHER INCOME
	T II, EXPLANATION FOR OTHER INCOME
	T II, EXPLANATION FOR OTHER INCOME
OTHER REVENUE	T II, EXPLANATION FOR OTHER INCOME
OTHER REVENUE	
OTHER REVENUE	
OTHER REVENUE	ACTIVITY
OTHER REVENUE 2019 AMOUNT: \$49,870 GAMING \$10,525 CREDIT	ACTIVITY CARD REWARD POINTS
OTHER REVENUE	ACTIVITY CARD REWARD POINTS
OTHER REVENUE 2019 AMOUNT: \$49,870 GAMING \$10,525 CREDIT FUNDRAISING EVE	ACTIVITY CARD REWARD POINTS
OTHER REVENUE 2019 AMOUNT: \$49,870 GAMING \$10,525 CREDIT	ACTIVITY CARD REWARD POINTS INTS 3,455

Part VI	A (Form 990 of Supplem	nental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;	Page 8
	Part IV, Sec	ction A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C),
	line 1; Part	IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	V,
	(See instruc	ctions.)	
7017		¢165 710	
2017.	AMOUNI:	\$165,712	
2018	AMOUNT:	\$239,487	
2019	א∩וזאית∙	\$135,456	
<u>201</u> 5.	AHOUNI.	_\$133,430	
	5-19	Schedule A (Form 990 or 990-EZ	7) 201

SCHEDULE	D
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	PATIENT AIRLIFT SE	27-2370028		
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, I	ine 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		d funds	
	are the organization's property, subject to the organization'	5		
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor		-	
Par				
1	Purpose(s) of conservation easements held by the organiza			
•	Preservation of land for public use (for example, recre		historically important land area	
	Protection of natural habitat		certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	a conservation easement on the last	
2	day of the tax year.		Held at the End of the Tax Year	
-				
a h				
0		tructure included in (a)		
ט ה	Number of conservation easements on a certified historic si			
d	Number of conservation easements included in (c) acquired			
•	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the o	rganization during the tax	
	year ▶			
4	Number of states where property subject to conservation e			
5	Does the organization have a written policy regarding the p	34 h - 1 - 1 - 0		
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting), handling of violations, and enforcing conser	rvation easements during the year	
-				
7	Amount of expenses incurred in monitoring, inspecting, har	idling of violations, and enforcing conservation	on easements during the year	
•				
8	Does each conservation easement reported on line 2(d) abo			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva balance sheet, and include, if applicable, the text of the foo			
		thote to the organization's financial statemen	its that describes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	er Similar Assets	
I UI	Complete if the organization answered "Yes" on For		er ommar Assets.	
4			d halana a da saturada.	
па	If the organization elected, as permitted under FASB ASC 9	•		
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthe	rance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		• • •	
_				
2	If the organization received or held works of art, historical tr		gain, provide	
	the following amounts required to be reported under FASB	-		
а	Revenue included on Form 990, Part VIII, line 1			
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2019	
932051	10-02-19			

Sche		AIRLIFT S								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histor	ical Tr	easures, oi	r Other	Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other recor	ds, check a	ny of the	following that	make sig	nificant u	se of its		,
	collection items (check all that apply):									
а	Public exhibition		d 🗌 Lo	an or ex	change progra	am				
b	Scholarly research		e 🗌 Ot	her						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain how they	further	the organizatio	n's exem	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, histo	rical trea	asures, or othe	er similar a	issets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organiz	ation's c	ollection?				Yes	No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		olete if the o	rganizati	on answered "	'Yes" on F	orm 990,	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other interme	diarv for co	ntributio	ns or other ass	sets not in	cluded			
	on Form 990, Part X?		-						Yes	No
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>		
-			j						Amount	
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on Fe								Yes	No
	If "Yes," explain the arrangement in Part XIII.						,		_	
Par).			
	·	(a) Current year			(c) Two year			ears back	(e) Four y	/ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balan	ce (line 1a a	column (a)) held as:					
a	Board designated or quasi-endowment	•	%							
	Permanent endowment		/0							
		^%								
Ū	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		zation that a	re held a	and administer	ed for the	organiza	tion		
	by:	obierr er trie ergarn.					organiza			Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	90, Part IV, I	ne 11a.	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or			st or other		cumulate	d	(d) Book	value
		basis (inves		• •	s (other)		reciation	-	(,	
1 a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment				46,235.		29,65	58.	16	,577.
	Other				97,953.		47,05			,899.
	. Add lines 1a through 1e. (Column (d) must e		t X column							<u>,476.</u>
		gaan onn 330, Pal		שוווו ,עשי	100,1			Schedule		<u>990)</u> 2019
							•		- 1. 2	, _0.0

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Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost
(1) Financial derivatives		

PATIENT

(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)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (b) must equal Form 990 Part X col (B) line 13)		

Part IX Other Assets.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	🕨
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, li	
	ine 25.
I. (a) Description of liability	ine 25. (b) Book value
1. (a) Description of liability	
1. (a) Description of liability (1) Federal income taxes	
1. (a) Description of liability (1) Federal income taxes (2)	
1. (a) Description of liability (1) Federal income taxes (2) (3)	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	
1. (a) Description of liability (1) Federal income taxes (2) (2) (3) (4) (5) (6) (6)	
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7)	

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

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

X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 PATIENT AIRLIFT SERVICES ,	INC.		27-	2370028 _{Pa}	age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,331,84	12.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	5,016,474.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	5,016,47	74.
3	Subtract line 2e from line 1			3	1,315,36	58.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-90,272.			
С	Add lines 4a and 4b			4c	<u>-90,27</u> 1,225,09	72.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,225,09	96.
_	in the second seco				, ,	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per F		n.	<u> </u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wi ^{2a.}	th Expenses per F	Retur	1.	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wi ^{2a.}	th Expenses per F		n. 6,835,22	
	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi	th Expenses per F	Retur	1.	
1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents Wi	th Expenses per F	Retur	1.	
1 2	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents Wi 2a. 2a 2b	th Expenses per F	Retur	1.	
1 2 a	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a. 2a 2b 2c	th Expenses per F	Retur	1.	
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	th Expenses per F 5,016,474. 90,272.	Retur	n. 6,835,22	28.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>6,835,22</u> 5,106,74	28.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	th Expenses per F	1	n. 6,835,22	28.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>6,835,22</u> 5,106,74	28.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>6,835,22</u> 5,106,74	28.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d	th Expenses per F	1 2e	n. <u>6,835,22</u> 5,106,74	28.
1 2 3 4 3	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e 3 4c	n. <u>6,835,22</u> <u>5,106,74</u> 1,728,48	28. 46. 32.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e 3	n. <u>6,835,22</u> 5,106,74	28. 46. 32.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2019
AND 2018. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO
FISCAL 2016 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING
STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW
AND NEW AUTHORITATIVE RULINGS.
IF APPLICABLE, THE ORGANIZATION WOULD RECOGNIZE INTEREST AND PENALTIES
ASSOCIATED WITH TAX MATTERS AS GENERAL AND ADMINISTRATIVE EXPENSES AND
INCLUDE ACCRUED INTEREST AND PENALTIES WITH ACCRUED EXPENSES IN THE
STATEMENTS OF FINANCIAL POSITION. THERE WERE NO INTEREST OR PENALTIES PAID
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

932054 10-02-19

31

Schedule D (Form 990) 2019

18070515 147227 0156607-0156607.0990 2019.03042 PATIENT AIRLIFT SERVICES, 01566071

Schedule D (Form 990) 2019 PATIENT AIRLIFT SERVICES, INC. Part XIII Supplemental Information (continued)	27-2370028 Page
Cappientental information (continuea)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
EVENT ENTERTAINMENT AND MISC EXPENSE	-88,704
RECLASSED LOSS ON SALE OF INVESTMENTS	-19
RAFFLE EXPENSES	-1,549
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-90,272.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EVENT ENTERTAINMENT AND MISC EXPENSE	88,704
RAFFLE EXPENSES	1,549
RECLASSED LOSS ON SALE OF INVESTMENTS	19
TOTAL TO SCHEDULE D, PART XII, LINE 2D	90,272
	Schedule D (Form 990) 2

932055 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2019	
	· · ·	Attach to Form 990			,			Open to Public	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection	
Name of the organization		-						lentification num	ber
		AIRLIFT SERVICES,					27-237		
	ng Activities.	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
 a X Mail solicitatio b X Internet and end c X Phone solicita d In-person solicita 	ns mail solicitations tions citations		tion of tion of fundra	non-g gover aising	overnment grants nment grants events	tees	or		
key employees listed	d in Form 990, P	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fi	undraising services?		X Ye		
compensated at leas	•	· / /	antio	agreei					
(i) Name and address or entity (fundra		(ii) Activity	have c	ntrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount pa to (or retained organization	by)
J. PECORA - PO BOX 5	5, EAST		Yes	No					
NORTHPORT, NY 11731		DEVELOPMENT		x	79,821.		32,550	. 47,2	71.
CHOICE WORKDS - 27							44 050		
RIDGE, NEW PALTZ, NY MARILYN DUFFY GRANDE		GRANTWRITER		X	76,690.		41,873	. 34,8	17.
EAST LAKE DR, MONTAU		GRANTWRITER		x	20,000.		2,213	. 17,7	87.
Total					176,511.		76,636		75.
or licensing.		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (exempt from I	egistration	
NJ,NY,CT,MA,M	E,FL								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

18070515 147227 0156607-0156607.0990 2019.03042 PATIENT AIRLIFT SERVICES, 01566071

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events
			ABCT GALA	ABLI GALA	1	(add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	496,104.	111,989.	20,345.	628,438
	2	Less: Contributions	406,088.	72,409.	14,485.	492,982
	3	Gross income (line 1 minus line 2)	90,016.	39,580.	5,860.	135,456
	4	Cash prizes				
s	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	31,920.	18,712.		50,632
ā	8	Entertainment	15,230.	2,760.	3,316.	21,306
		Other direct expenses		2,760. 14,483.	<u>3,316.</u> 2,468.	67,398
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	
	11	Net income summary. Subtract line 10 from	line 3, column (d)			
Pa		Net income summary. Subtract line 10 from II Gaming. Complete if the organization	line 3, column (d)			
	11	Net income summary. Subtract line 10 from	line 3, column (d)			139,336 -3,880 (d) Total gaming (add col. (a) through col. (c
	11	Net income summary. Subtract line 10 from II Gaming. Complete if the organization	line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	-3,880 (d) Total gaming (add col. (a) through col. (c
Revenue	<u>11</u> rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than (c) Other gaming	-3,880 (d) Total gaming (add col. (a) through col. (c
Revenue	11 rt I 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than (c) Other gaming	-3,880 (d) Total gaming (add col. (a) through col. (c
Revenue	<u>11</u> rrt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	eported more than (c) Other gaming	-3,880 (d) Total gaming (add col. (a) through col. (c
Revenue	<u>11</u> rt I 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming 49,870.	-3,880 (d) Total gaming (add col. (a) through col. (c 49,870
Direct Expenses Revenue	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	 eported more than (c) Other gaming 49,870. 1,549. %	-3,880 (d) Total gaming (add col. (a) through col. (c
Hevenue	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming 49,870.	-3,880 (d) Total gaming (add col. (a) through col. (c 49,870

9 Enter the state(s) in which the organization conducts gaming activities: NY

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: ORGANIZATION IS LICENSED TO CONDUCT BUSINESS IN NY. ALL TAX FORMS NECESSARY POST RAFFLE HAVE BEEN FILED AND PAID IN FULL.

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

48,321.

Schedule G (Form 990 or 990-EZ) 2019 PATIENT AIRLIFT SERVICES, INC. 27	-2370028 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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 X No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
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 DONNA COLLINS	
Address > 7110 REPUBLIC AIRPORT, SUITE 202, - FARMINGDALE, NY 1	1735
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X 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 \blacktriangleright \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name DONNA COLLINS	
Gaming manager compensation	
Description of services provided	
Director/officer X 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	1
organization's own exempt activities during the tax year s Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	T art III, III CS 0, 00, 100,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:
(T) NAME OF FUNDRALGED, MADILINI DUREN CONTR	
(I) NAME OF FUNDRAISER: MARILYN DUFFY GRANDE	
(I) ADDRESS OF FUNDRAISER: 38 EAST LAKE DR, MONTAUK, NY 11954	
(1) ADDRESS OF FUNDRAISER: SO EAST DAKE DR, MONTAUR, NI 11954	
932083 09-11-19 Schedule G (F	orm 990 or 990-EZ) 2019
35	
70515 147227 0156607-0156607.0990 2019.03042 PATIENT AIRLIFT SE	RVICES, 0156607

18070515	147227	0156607-0156607.0990
T00103T3	14/22/	0730001 0730001.0330

Part IV Supplemental Info			8=====87	
Schedule G (Form 990 or 990-EZ)	PATIENT	AIRLIFT	SERVICES,	INC.

	_

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2010		
•	,	Compensated Employees		ZU	19	J
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 		Inspe		
	e of the organization		Employer id	entificatio	on nur	mber
		PATIENT AIRLIFT SERVICES, INC.	27-22	370028	В	
Pa	rt I Questions	Regarding Compensation				
					Yes	No
1a	Check the appropriat	e box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, lir	ne 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or ch		nal use			
	Travel for compa	anions Payments for business use of personal res	sidence			
	Tax indemnifica	tion and gross-up payments Health or social club dues or initiation fees	3			
		ending account Personal services (such as maid, chauffeu	r, chef)			
		-				
b	If any of the boxes or	n line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or pro	ovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers	, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	·					
3	Indicate which, if any	, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Direc	tor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ion of the CEO/Executive Director, but explain in Part III.				
	Compensation of	committee X Written employment contract				
	·	mpensation consultant				
		er organizations	ommittee			
4	During the year, did a	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rela					
а	Receive a severance	payment or change-of-control payment?		4a		X
b	Participate in, or rece	ive payment from, a supplemental nonqualified retirement plan?		4b		X
с		ive payment from, an equity-based compensation arrangement?				X
		s 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the rev	venues of:				
а	The organization?			5a		X
		ion?				X
		5b, describe in Part III.				
6	For persons listed on	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the ne	t earnings of:				
а	The organization?			6a		X
		ion?				X
		6b, describe in Part III.				
7		Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		s 5 and 6? If "Yes," describe in Part III		7		X
8		ported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
		tion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		the organization also follow the rebuttable presumption procedure described in				
-		53.4958-6(c)?		. 9		
LHA		Juction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2019

932111 10-21-19

27-2370028

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) DONNA COLLINS	(i)	153,195.	0.	0.	0.	27,805.	181,000.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	1(11)			1			1	1

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

g

Department of the Treasury							
Internal Revenue Service							

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

Attach to Form 990.

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

Name of the organization

Employer identification number

ſ

	PATIENT AIRLIFT SERVICES, INC.						27-2370028			
Pa	t I Types of Property	_								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termin		S		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	806	146,222.	VALUE DATE	OF 1	DONZ	ATI		
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other \dots									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (<u>AUCTION ITEMS</u>)	X	97	79,821.	FMV					
26	Other \blacktriangleright (<u>VILLASTAY-RAF</u>)	X	1	35,000.	FMV					
27	Other ► ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions						
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	gement						
							Yes	No		
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it					
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for					
	exempt purposes for the entire holding period?	?				30a		X		
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	policy that re	equires the review o	of any nonstandard contribu	tions?	31	Х	<u> </u>		
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash						
	contributions?					32a		X		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is che	cked,					
	describe in Part II.									

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

Schedule M (Form 990) 2019

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Supplemental Information. 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, LINE 32B:

SCHEDULE M, PART I, COLUMN (B);

AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF ITEMS CONTRIBUTED

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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. ► Go to www.irs.gov/Form990 for the latest information.



PATIENT AIRLIFT SERVICES, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HUMANITARIAN PURPOSES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIMITATIONS. THERE IS NEVER A CHARGE FOR A PALS MISSION.

FORM 990, PART VI, SECTION A, LINE 2:

JOSEPH HOWLEY & BRIAN LISOSKI HAVE A BUSINESS RELATIONSHIP AND BARBARA AND

RAYMOND BLYDENBURGH ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY AND PRESENTED TO THE AUDIT AND RISK COMMITTEE AND

THE BOARD OF DIRECTORS AT THE MEETING PRIOR TO SUBMITTING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION STAYS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

BY HAVING ALL THE BOARD MEMBERS CERTIFY ANNUALLY THAT THEY HAVE RECEIVED,

READ, UNDERSTAND AND AGREE TO COMPLY WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS COMPENSATION FOR TOP

MANAGEMENT & KEY EMPLOYEES. THE REVIEW INCLUDES COMPARISON TO SIMILAR

POSITIONS WITHIN THE INDUSTRY.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

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Name of the organization

PATIENT AIRLIFT SERVICES, INC.

ARE MADE AVAILABLE FOR PUBLIC INSPECTION ON THE ORGANIZATION'S OWN WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE

AUDIT, THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Schedule O (Form 990 or 990-EZ) (2019)

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