

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
SEPTEMBER 30, 2017

Prepared for	AGAPE FLIGHTS, INC. 100 AIRPORT AVENUE VENICE, FL 34285-3901
Prepared by	CAVANAUGH & CO. LLP 2381 FRUITVILLE ROAD SARASOTA, FL 34237
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning OCT 1, 2016, and ending SEP 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

AGAPE FLIGHTS, INC.

59-2057436

Name and title of officer

ALLEN SPEER

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,572,845.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CAVANAUGH & CO. LLP to enter my PIN 57436
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65019154606

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 03/20/18

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AGAPE FLIGHTS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 AIRPORT AVENUE City or town, state or province, country, and ZIP or foreign postal code VENICE, FL 34285-3901 F Name and address of principal officer: ALLEN SPEER 100 AIRPORT AVENUE, EAST, VENICE, FL 34285	D Employer identification number 59-2057436 E Telephone number (941) 488-0990 G Gross receipts \$ 1,578,685. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AGAPEFLIGHTS.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1981		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A CHRISTIAN AVIATION MINISTRY TRANSPORTING CONTINUOUS AND CRITICAL SUPPLIES TO SUPPORT 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) 6 120 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																								
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">783,345.</td> <td style="text-align: right;">1,263,549.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">326,853.</td> <td style="text-align: right;">279,995.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">2,896.</td> <td style="text-align: right;">33,977.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-3,348.</td> <td style="text-align: right;">-4,676.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,109,746.</td> <td style="text-align: right;">1,572,845.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	783,345.	1,263,549.	9 Program service revenue (Part VIII, line 2g)	326,853.	279,995.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,896.	33,977.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,348.	-4,676.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,109,746.	1,572,845.						
	Prior Year	Current Year																							
8 Contributions and grants (Part VIII, line 1h)	783,345.	1,263,549.																							
9 Program service revenue (Part VIII, line 2g)	326,853.	279,995.																							
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,896.	33,977.																							
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,348.	-4,676.																							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,109,746.	1,572,845.																							
Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">453,242.</td> <td style="text-align: right;">458,603.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 167,348.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">575,690.</td> <td style="text-align: right;">847,881.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">1,028,932.</td> <td style="text-align: right;">1,306,484.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">80,814.</td> <td style="text-align: right;">266,361.</td> </tr> </tbody> </table>	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.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	453,242.	458,603.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 167,348.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	575,690.	847,881.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,028,932.	1,306,484.	19 Revenue less expenses. Subtract line 18 from line 12	80,814.	266,361.
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.																							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	453,242.	458,603.																							
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																							
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 167,348.																									
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	575,690.	847,881.																							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,028,932.	1,306,484.																							
19 Revenue less expenses. Subtract line 18 from line 12	80,814.	266,361.																							
Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">2,226,838.</td> <td style="text-align: right;">2,656,934.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">79,746.</td> <td style="text-align: right;">179,550.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">2,147,092.</td> <td style="text-align: right;">2,477,384.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	2,226,838.	2,656,934.	21 Total liabilities (Part X, line 26)	79,746.	179,550.	22 Net assets or fund balances. Subtract line 21 from line 20	2,147,092.	2,477,384.												
	Beginning of Current Year	End of Year																							
20 Total assets (Part X, line 16)	2,226,838.	2,656,934.																							
21 Total liabilities (Part X, line 26)	79,746.	179,550.																							
22 Net assets or fund balances. Subtract line 21 from line 20	2,147,092.	2,477,384.																							

Part II Signature Block

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

Sign Here	Signature of officer ALLEN SPEER, CEO Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. PENDER	Preparer's signature _____	Date 03/20/18	Check <input type="checkbox"/> if self-employed PTIN P00850742
	Firm's name ▶ CAVANAUGH & CO. LLP Firm's address ▶ 2381 FRUITVILLE ROAD SARASOTA, FL 34237	Firm's EIN ▶ 59-1954606 Phone no. (941) 366-2983		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
AGAPE FLIGHTS IS A NOT-FOR-PROFIT 501(C)(3) CORPORATION WHOSE MISSION AS A CHRISTIAN AVIATION MINISTRY IS TO PROVIDE EXCELLENT AVIATION SERVICE DELIVERING CARGO, MAIL AND HUMANITARIAN AID TO MISSIONARY PARTNERS SERVING CHRIST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,042,397. including grants of \$) (Revenue \$ 280,259.)
AGAPE FLIGHTS WAS FOUNDED BY KEITH AND CLARA STARKEY ON OCTOBER 24, 1980. IN THE WORDS OF CLARA STARKEY, "GOD LAID IT ON OUR HEARTS TO BUY AN AIRCRAFT TO FLY SUPPLIES INTO HAITI." THEY CHOSE THE GREEK WORD FOR LOVE, AGAPE (THE UNCONDITIONAL LOVE HE HAS FOR EACH OF US) TO DESCRIBE THEIR MISSION AND THEIR MINISTRY. ON NOVEMBER 15, 1980, AGAPE'S INAUGURAL FLIGHT LEFT THE SARASOTA- BRADENTON AIRPORT, BOUND FOR CAP HAITIEN, HAITI. THE SMALL CESSNA 411 WAS LOADED WITH DONATED EMERGENCY SUPPLIES AND MAIL FOR ABOUT 25 MISSIONARY FAMILIES.

TODAY, NEARLY THIRTEEN MILLION PEOPLE LIVE IN THE AREAS REGULARLY REACHED BY AGAPE'S FLIGHTS. MISSION FLIGHTS REGULARLY LAND IN THE FOLLOWING AIRPORT LOCATIONS: ELEUTHERA, BAHAMAS, CAP HAITIAN,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,042,397.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O response

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	9	
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **AGAPE FLIGHTS, INC. - (941) 488-0990**
100 AIRPORT AVENUE, VENICE, FL 34285-3901

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE KOCH CHAIR	0.90	X		X				0.	0.	0.
(2) KYLE HENSON BOARD MEMBER	1.40	X						0.	0.	0.
(3) CRAIG FAULKNER BOARD MEMBER	0.40	X						0.	0.	0.
(4) KIMBERLY MCCALLUM SECRETARY	1.40	X		X				0.	0.	0.
(5) DAN MANNINGHAM BOARD VICE CHAIRMAN	4.20	X		X				0.	0.	0.
(6) CHARLIE THOMPSON TREASURER	0.40	X		X				0.	0.	0.
(7) ED LOOMIS BOARD MEMBER	0.70	X						0.	0.	0.
(8) ADRIENNE MCCUTCHEON BOARD MEMBER	1.50	X						0.	0.	0.
(9) BRADLEY HUME BOARD MEMBER	0.40	X						0.	0.	0.
(10) ALLEN SPEER CEO	40.00			X				63,224.	0.	36,173.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							63,224.	0.	36,173.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							63,224.	0.	36,173.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	59,797.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,203,752.				
	g Noncash contributions included in lines 1a-1f: \$		16,013.				
	h Total. Add lines 1a-1f		1,263,549.				
Program Service Revenue	2 a CARGO FEES	Business Code 900099	248,823.	248,823.			
	b SUBSCRIPTIONS	900099	31,172.	31,172.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		279,995.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,346.			21,346.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		12,631.					
		b Less: cost or other basis and sales expenses		0.			
		c Gain or (loss)		12,631.			
	d Net gain or (loss)			12,631.		12,631.	
	8 a Gross income from fundraising events (not including \$ 59,797. of contributions reported on line 1c). See Part IV, line 18	a	900.				
		b Less: direct expenses	b	5,840.			
		c Net income or (loss) from fundraising events			-4,940.		-4,940.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS	900099	264.	264.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			264.			
12 Total revenue. See instructions.			1,572,845.	280,259.	0.	29,037.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic 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	107,370.	42,948.	21,474.	42,948.
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	311,293.	206,734.	27,357.	77,202.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,348.	5,354.	627.	1,367.
9 Other employee benefits	10,308.	8,286.	540.	1,482.
10 Payroll taxes	22,284.	14,580.	1,781.	5,923.
11 Fees for services (non-employees):				
a Management				
b Legal	10,846.	5,423.	5,423.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,817.		6,817.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,016.	3,009.	1,505.	502.
12 Advertising and promotion				
13 Office expenses	32,973.	25,443.	5,665.	1,865.
14 Information technology				
15 Royalties				
16 Occupancy	49,527.	45,423.	4,104.	
17 Travel	23,675.	11,601.	237.	11,837.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,064.	954.	5,974.	136.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,239.	68,938.	7,924.	2,377.
23 Insurance	39,705.	35,734.	3,971.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AIRPLANE MAINTENANCE	221,228.	221,228.		
b MISSIONARY SUPPORT	182,793.	182,793.		
c CARGO EXPENSE	155,600.	155,600.		
d DEVELOPMENT EXP	33,398.	8,349.	3,340.	21,709.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,306,484.	1,042,397.	96,739.	167,348.
26 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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	163,582.	1	121,703.
	2 Savings and temporary cash investments	222,945.	2	450,069.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30,578.	4	20,547.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,812.	8	4,100.
	9 Prepaid expenses and deferred charges	17,418.	9	54,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,847,781.		
	b Less: accumulated depreciation	10b 751,499.	968,139.	10c 1,096,282.
	11 Investments - publicly traded securities	792,340.	11	880,022.
	12 Investments - other securities. See Part IV, line 11	27,024.	12	30,196.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,226,838.	16	2,656,934.	
Liabilities	17 Accounts payable and accrued expenses	41,976.	17	41,215.
	18 Grants payable		18	
	19 Deferred revenue	29,326.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	130,000.
	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	8,444.	25	8,335.
	26 Total liabilities. Add lines 17 through 25	79,746.	26	179,550.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,295,636.	27	1,444,235.
	28 Temporarily restricted net assets	91,820.	28	273,013.
	29 Permanently restricted net assets	759,636.	29	760,136.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,147,092.	33	2,477,384.	
34 Total liabilities and net assets/fund balances	2,226,838.	34	2,656,934.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,572,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,306,484.
3	Revenue less expenses. Subtract line 2 from line 1	3	266,361.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,147,092.
5	Net unrealized gains (losses) on investments	5	63,931.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,477,384.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(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-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization: AGAPE FLIGHTS, INC.
Employer identification number: 59-2057436

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	821,653.	812,304.	707,319.	783,345.	1,263,549.	4,388,170.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	821,653.	812,304.	707,319.	783,345.	1,263,549.	4,388,170.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4,388,170.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	821,653.	812,304.	707,319.	783,345.	1,263,549.	4,388,170.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,322.	15,627.	14,219.	23,670.	21,346.	77,184.
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.)	134.	13,248.	3,259.	1,475.	264.	18,380.
11 Total support. Add lines 7 through 10						4,483,734.
12 Gross receipts from related activities, etc. (see instructions)					12	1,585,373.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.87 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	91.75 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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 disqualified 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 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						
c 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section 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.		
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, supervised, or controlled the supporting organization.		

Section 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 the supported organization(s).		

Section 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?		
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).		
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 supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.		
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 activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

AGAPE FLIGHTS, INC.

Employer identification number

59-2057436

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization AGAPE FLIGHTS, INC.	Employer identification number 59-2057436
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 30,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 119,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 40,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 35,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AGAPE FLIGHTS, INC.	Employer identification number 59-2057436
--	---

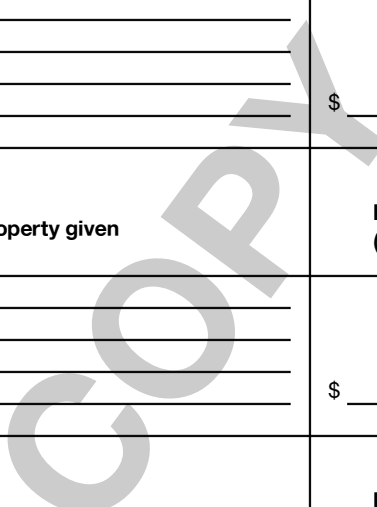
Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AGAPE FLIGHTS, INC.	Employer identification number 59-2057436
--	---

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization AGAPE FLIGHTS, INC.	Employer identification number 59-2057436
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization AGAPE FLIGHTS, INC. **Employer identification number** 59-2057436

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

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

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	819,363.	775,108.	795,489.	779,922.	21,111.
b Contributions	500.	250.	7,665.		751,721.
c Net investment earnings, gains, and losses	97,671.	50,427.	-28,046.	15,567.	7,090.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,816.	6,422.			
g End of year balance	910,718.	819,363.	775,108.	795,489.	779,922.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 83.00 %
- c Temporarily restricted endowment 17.00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,089,371.	339,120.	750,251.
c Leasehold improvements				
d Equipment				
e Other		758,410.	412,379.	346,031.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,096,282.

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 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.

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, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MISSIONARY SUBSCRIPTIONS	8,335.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,335.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,803,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	63,931.
b	Donated services and use of facilities	2b	160,553.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,840.
e	Add lines 2a through 2d	2e	230,324.
3	Subtract line 2e from line 1	3	1,572,845.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,572,845.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,472,877.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	160,553.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,840.
e	Add lines 2a through 2d	2e	166,393.
3	Subtract line 2e from line 1	3	1,306,484.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,306,484.

Part XIII Supplemental Information.

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 V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUND ASSETS THAT ARE TO BE HELD INDEFINITELY. THE INCOME EARNED ON THE ENDOWMENTS MAY BE USED AT THE DISCRETION OF THE BOARD OF DIRECTORS FOR THE BENEFIT OF AGAPE FLIGHTS, INC.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF AN ACCOUNTING STANDARD RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2017. THE ORGANIZATION'S FEDERAL INCOME TAX

Part XIII Supplemental Information *(continued)*

RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE,
GENERALLY FOR THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 5,840.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 5,840.



SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **AGAPE FLIGHTS, INC.** Employer identification number **59-2057436**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PIE IN THE SKY (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	60,697.			60,697.
	2 Less: Contributions	59,797.			59,797.
	3 Gross income (line 1 minus line 2)	900.			900.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	531.			531.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,309.			5,309.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				5,840.
11 Net income summary. Subtract line 10 from line 3, column (d)				-4,940.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

AGAPE FLIGHTS, INC.

Employer identification number
59-2057436

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

MISSIONARIES, THEIR FAMILIES AND THEIR UNIQUE MISSIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PORT-AU-PRINCE AND LES CAYES, IN HAITI, SANTO DOMINGO AND SANTIAGO IN
THE DOMINICAN REPUBLIC

THE CRITICAL SUPPLIES TRANSPORTED TO OVER 300 MISSIONARIES, THEIR
FAMILIES, AND THEIR MISSIONS ARE USED TO CHANGE LIVES, ONE PERSON AT A
TIME. EACH YEAR, AGAPE FLIGHTS TOUCHES THE LIVES OF OVER ONE MILLION
MEN, WOMEN, AND CHILDREN THROUGH ITS AFFILIATED MISSIONARIES WHO
PROVIDE CLEAN WATER, COMMUNITY HEALTH, EDUCATION, EVANGELISM, MEDICAL
SERVICES, MICRO ENTERPRISE, ORPHAN CARE, AND VOCATIONAL TRAINING.

THE FAIR MARKET VALUE OF DONATED SERVICES FOR THE YEAR ARE VALUED ON
THE AUDITED FINANCIAL STATEMENTS AT \$160,553 AND INCLUDE SERVICES FOR
FINANCE, ADMINISTRATION, AIRCRAFT REPAIR AND MAINTENANCE AND PILOTS.

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

BOARD MEMBERS ARE PROVIDED A COPY OF THE FORM 990 TO REVIEW BEFORE FILING

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

THE SMALL BOARD SIZE MAKES CONFLICTS OF INTEREST MONITORING SELF-EVIDENT.
ANY BOARD MEMBER WITH A CONFLICT OF INTEREST ABSTAINS FROM VOTING ON
RELATED ISSUE.

Name of the organization AGAPE FLIGHTS, INC.	Employer identification number 59-2057436
--	---

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

SURVEYS AND STUDIES WITH COMPENSATION ARE USED TO REVIEW COMPENSATION PAID ANNUALLY. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER REQUIRES APPROVAL OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

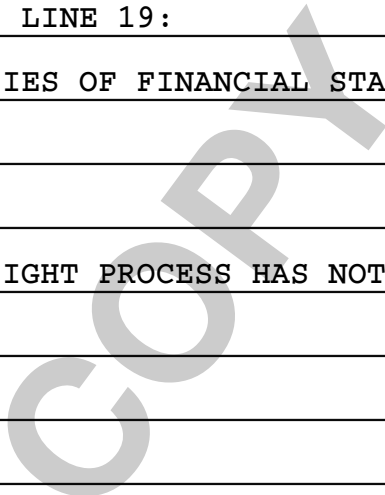
THE ORGANIZATION PROVIDES COPIES UPON REQUEST

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

THE ORGANIZATION PROVIDES COPIES OF FINANCIAL STATEMENTS UPON REQUEST

FORM 990, PART XII, LINE 2C

THE AUDIT SELECTION AND OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
44	LAND/HANGAR	12/15/05	SL	.000		16	244,249.				244,249.	67,587.		6,263.	73,850.
45	BUILDING-VENICE HANGAR	12/15/05	SL	.000		16	839,740.				839,740.	242,220.		21,532.	263,752.
46	ADJUST HANGAR PURCHASE	12/15/05	SL	.000		16	5,382.				5,382.	1,380.		138.	1,518.
	* 990 PAGE 10 TOTAL BUILDINGS						1,089,371.				1,089,371.	311,187.		27,933.	339,120.
	OTHER														
1	UPTECH COMPUTER	12/06/01	SL	.000		16	1,025.				1,025.	1,025.		0.	1,025.
2	DIGITAL CAMERA	01/05/02	SL	.000		16	500.				500.	500.		0.	500.
3	COMPUTER NETWORK	12/22/03	SL	.000		16	6,162.				6,162.	6,162.		0.	6,162.
4	DELL LAPTOP	02/18/04	SL	.000		16	2,094.				2,094.	2,094.		0.	2,094.
5	DELL LAPTOP	07/23/05	SL	.000		16	2,194.				2,194.	2,194.		0.	2,194.
6	DELL COMPUTER	02/28/05	SL	.000		16	2,351.				2,351.	2,351.		0.	2,351.
7	HARD DRIVE	04/28/05	SL	.000		16	879.				879.	879.		0.	879.
8	HARD DRIVE	04/28/05	SL	.000		16	879.				879.	879.		0.	879.
9	DELL COMPUTER	09/16/06	SL	.000		16	2,421.				2,421.	2,421.		0.	2,421.
10	1987-1999 F/D OFFICE EQ	01/01/99	SL	.000		16	30,172.				30,172.	30,172.		0.	30,172.
11	TANDENBERG TAPE DRIVE	12/29/00	SL	.000		16	599.				599.	599.		0.	599.
12	VIDEO CAMERA	10/22/04	SL	.000		16	1,510.				1,510.	1,509.		1.	1,510.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	VIDEO PROJECTOR	12/24/05	SL	.000		16	1,535.				1,535.	1,535.		0.	1,535.
14	1983-1998 F/D TOOL/EQ	01/01/98	SL	.000		16	31,253.				31,253.	31,253.		0.	31,253.
15	CLARK FORKLIFT	06/04/02	SL	.000		16	8,000.				8,000.	8,000.		0.	8,000.
16	MI-T-M PRESSURE CLEANER	08/01/02	SL	.000		16	2,200.				2,200.	2,200.		0.	2,200.
17	2 SENNHEISER HEADSET	01/15/03	SL	.000		16	830.				830.	830.		0.	830.
18	2 SENNHEISER HEADSET	03/19/03	SL	.000		16	436.				436.	436.		0.	436.
19	FORKLIFT	01/30/05	SL	.000		16	6,751.				6,751.	6,751.		0.	6,751.
20	COLOR WHEEL PRESSURE WASHER	05/24/07	SL	.000		16	1,000.				1,000.	1,000.		0.	1,000.
21	EQUIPMENT ADJUSTMENT	01/09/98	SL	.000		16	-3,065.				-3,065.			0.	
22	4 MAN RAFT	01/22/10	SL	.000		16	1,833.				1,833.	1,778.		54.	1,832.
23	PROUTY LAPTOP	06/25/08	SL	.000		16	3,337.				3,337.	3,337.		0.	3,337.
24	DELL LAPTOP	02/27/07	SL	.000		16	877.				877.	877.		0.	877.
25	3 DELL DESKTOP COMPUTERS	03/27/07	SL	.000		16	2,367.				2,367.	2,367.		0.	2,367.
26	DON K. DELL LAPTOP	03/28/07	SL	.000		16	849.				849.	849.		0.	849.
27	INTECHGRATE UPGRADE SERVER	04/02/07	SL	.000		16	800.				800.	800.		0.	800.
28	RAMJET MEMORY-PROUTY	08/24/07	SL	.000		16	305.				305.	305.		0.	305.
29	EMBRAER CARGO PLANE	01/23/10	SL	.000		16	327,528.				327,528.	181,960.		27,294.	209,254.
30	WINDOW ASSEMBLY	07/07/10	SL	.000		16	1,000.				1,000.	520.		83.	603.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	RECEPTION DESK DESIGNER CABINET	02/20/07	SL	.000		16	3,362.				3,362.	3,361.		0.	3,361.
33	RECEPTION AREA TILE	06/15/07	SL	.000		16	2,647.				2,647.	2,646.		0.	2,646.
34	LAPTOP - NIESEN	10/30/07	SL	.000		16	955.				955.	955.		0.	955.
35	PHOTO EQUIPMENT	10/31/07	SL	.000		16	621.				621.	620.		0.	620.
36	LABEL PRINTER	01/22/08	SL	.000		16	1,047.				1,047.	1,046.		0.	1,046.
37	DELL SERVER	02/06/08	SL	.000		16	3,719.				3,719.	3,720.		0.	3,720.
38	HP PRINTER	03/05/08	SL	.000		16	900.				900.	900.		0.	900.
39	LAPTOP - DELL	04/13/08	SL	.000		16	2,388.				2,388.	2,389.		0.	2,389.
40	IMAC 20" SCREEN	05/28/08	SL	.000		16	1,649.				1,649.	1,650.		0.	1,650.
41	CANON LASER COPIER	09/29/08	SL	.000		16	700.				700.	700.		0.	700.
42	DESK TOP COMPUTER-DELL	09/30/08	SL	.000		16	1,362.				1,362.	1,361.		0.	1,361.
43	OFFICE COMPUTER & DESKS	12/31/08	SL	.000		16	10,279.				10,279.	10,280.		0.	10,280.
47	CUSTOM COMMUN PHONE SYSTEM	02/16/07	SL	.000		16	4,846.				4,846.	4,846.		0.	4,846.
49	CABIN SEATS, EMERG EXIT & DOOR	04/21/11	SL	.000		16	5,700.				5,700.	5,700.		0.	5,700.
50	FUEL BOOST PUMP S/N 214 FOR N316AF	07/12/11	SL	.000		16	4,000.				4,000.	1,749.		333.	2,082.
51	WINDSHIELD, LEFT, HEATED; MICRO VIB RENTAL	08/01/11	SL	.000		16	7,268.				7,268.	3,131.		606.	3,737.
52	A20 AVIATION HEADSET	08/10/11	SL	.000		16	997.				997.	998.		0.	998.
53	CHARGE TO OFFSET CREDIT MEMO	08/27/12	SL	12.00		16	10,000.				10,000.	3,402.		833.	4,235.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
54	IRIDIUM SATELLITE PHONE	01/23/12	SL	5.00		16	1,049.				1,049.	979.		70.	1,049.
55	PRINTER/COPIER	04/23/13	SL	5.00		16	2,495.				2,495.	1,705.		499.	2,204.
56	COMPUTER SERVER	09/12/13	SL	5.00		16	6,017.				6,017.	3,710.		1,203.	4,913.
57	SERVER FIREWALL UPDATE	09/12/13	SL	5.00		16	879.				879.	543.		176.	719.
58	GTS855 WITH 2 GA58 ANTENNAS	01/31/14	SL	12.00		16	29,722.				29,722.	6,605.		2,477.	9,082.
59	HP COLOR LASER JET CP4025 DN	09/03/14	SL	5.00		16	1,304.				1,304.	544.		261.	805.
60	MICRO VABRATION ANALYZER S/N 1581	08/05/14	SL	5.00		16	4,500.				4,500.	1,950.		900.	2,850.
61	AIRCRAFT TUG	09/19/16	SL	7.00		16	4,000.				4,000.			571.	571.
62	CHIEFTAIN CARGO PLANE	11/03/16	SL	12.00		16	200,000.				200,000.			15,278.	15,278.
63	SPEER DESK AND FILING CABINET	03/31/17	SL	5.00		16	3,132.				3,132.			313.	313.
64	2014 YAMAHA DRIVE 48V GOLF CART	02/28/17	SL	7.00		16	4,250.				4,250.			354.	354.
	* 990 PAGE 10 TOTAL OTHER						758,410.				758,410.	361,073.		51,306.	412,379.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,847,781.				1,847,781.	672,260.		79,239.	751,499.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,640,399.			0.	1,640,399.	672,260.			735,554.
	ACQUISITIONS						207,382.			0.	207,382.	0.			15,945.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						1,847,781.			0.	1,847,781.	672,260.			751,499.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AGAPE FLIGHTS, INC.	Employer identification number (EIN) or <div style="text-align: center; font-size: large;">59-2057436</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. 100 AIRPORT AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VENICE, FL 34285-3901	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AGAPE FLIGHTS, INC.

• The books are in the care of ▶ **100 AIRPORT AVENUE - VENICE, FL 34285-3901**
 Telephone No. ▶ **(941) 488-0990** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2016**, and ending **SEP 30, 2017**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AGAPE FLIGHTS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
44	LAND/HANGAR BUILDING-VENICE	121505	SL	.000	16	244,249.			244,249.	67,587.		6,263.
45	HANGAR ADJUST HANGAR	121505	SL	.000	16	839,740.			839,740.	242,220.		21,532.
46	PURCHASE	121505	SL	.000	16	5,382.			5,382.	1,380.		138.
	* 990 PAGE 10 TOTAL BUILDINGS					1,089,371.		0.	1,089,371.	311,187.		27,933.
	OTHER											
1	UPTECH COMPUTER	120601	SL	.000	16	1,025.			1,025.	1,025.		0.
2	DIGITAL CAMERA	010502	SL	.000	16	500.			500.	500.		0.
3	COMPUTER NETWORK	122203	SL	.000	16	6,162.			6,162.	6,162.		0.
4	DELL LAPTOP	021804	SL	.000	16	2,094.			2,094.	2,094.		0.
5	DELL LAPTOP	072305	SL	.000	16	2,194.			2,194.	2,194.		0.
6	DELL COMPUTER	022805	SL	.000	16	2,351.			2,351.	2,351.		0.
7	HARD DRIVE	042805	SL	.000	16	879.			879.	879.		0.
8	HARD DRIVE	042805	SL	.000	16	879.			879.	879.		0.
9	DELL COMPUTER 1987-1999 F/D	091606	SL	.000	16	2,421.			2,421.	2,421.		0.
10	OFFICE EQ	010199	SL	.000	16	30,172.			30,172.	30,172.		0.
11	TANDENBERG TAPE DRIVE	122900	SL	.000	16	599.			599.	599.		0.
12	VIDEO CAMERA	102204	SL	.000	16	1,510.			1,510.	1,509.		1.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AGAPE FLIGHTS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	VIDEO PROJECTOR 1983-1998 F/D	122405	SL	.000	16	1,535.			1,535.	1,535.		0.
14	TOOL/EQ	010198	SL	.000	16	31,253.			31,253.	31,253.		0.
15	CLARK FORKLIFT MI-T-M PRESSURE	060402	SL	.000	16	8,000.			8,000.	8,000.		0.
16	CLEANER 2 SENNHEISER	080102	SL	.000	16	2,200.			2,200.	2,200.		0.
17	HEADSET 2 SENNHEISER	011503	SL	.000	16	830.			830.	830.		0.
18	HEADSET	031903	SL	.000	16	436.			436.	436.		0.
19	FORKLIFT COLOR WHEEL	013005	SL	.000	16	6,751.			6,751.	6,751.		0.
20	PRESSURE WASHER EQUIPMENT	052407	SL	.000	16	1,000.			1,000.	1,000.		0.
21	ADJUSTMENT	010998	SL	.000	16	-3,065.			-3,065.			0.
22	4 MAN RAFT	012210	SL	.000	16	1,833.			1,833.	1,778.		54.
23	PROUTY LAPTOP	062508	SL	.000	16	3,337.			3,337.	3,337.		0.
24	DELL LAPTOP 3 DELL DESKTOP	022707	SL	.000	16	877.			877.	877.		0.
25	COMPUTERS	032707	SL	.000	16	2,367.			2,367.	2,367.		0.
26	DON K. DELL LAPTOP INTECHGRATE UPGRADE	032807	SL	.000	16	849.			849.	849.		0.
27	SERVER RAMJET	040207	SL	.000	16	800.			800.	800.		0.
28	MEMORY-PROUTY	082407	SL	.000	16	305.			305.	305.		0.
29	EMBRAER CARGO PLANE	012310	SL	.000	16	327,528.			327,528.	181,960.		27,294.
30	WINDOW ASSEMBLY	070710	SL	.000	16	1,000.			1,000.	520.		83.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AGAPE FLIGHTS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
32	RECEPTION DESK DESIGNER CABINET	022007	SL	.000	16	3,362.			3,362.	3,361.		0.
33	RECEPTION AREA TILE	061507	SL	.000	16	2,647.			2,647.	2,646.		0.
34	LAPTOP - NIESEN	103007	SL	.000	16	955.			955.	955.		0.
35	PHOTO EQUIPMENT	103107	SL	.000	16	621.			621.	620.		0.
36	LABEL PRINTER	012208	SL	.000	16	1,047.			1,047.	1,046.		0.
37	DELL SERVER	020608	SL	.000	16	3,719.			3,719.	3,720.		0.
38	HP PRINTER	030508	SL	.000	16	900.			900.	900.		0.
39	LAPTOP - DELL	041308	SL	.000	16	2,388.			2,388.	2,389.		0.
40	IMAC 20" SCREEN	052808	SL	.000	16	1,649.			1,649.	1,650.		0.
41	CANON LASER COPIER	092908	SL	.000	16	700.			700.	700.		0.
42	DESK TOP COMPUTER-DELL	093008	SL	.000	16	1,362.			1,362.	1,361.		0.
43	OFFICE COMPUTER & DESKS	123108	SL	.000	16	10,279.			10,279.	10,280.		0.
47	CUSTOM COMMUN PHONE SYSTEM	021607	SL	.000	16	4,846.			4,846.	4,846.		0.
49	CABIN SEATS, EMERG EXIT & DOOR	042111	SL	.000	16	5,700.			5,700.	5,700.		0.
50	FUEL BOOST PUMP S/N 214 FOR N316AF	071211	SL	.000	16	4,000.			4,000.	1,749.		333.
51	WINDSHIELD, LEFT, HEATED; MICRO VIB R	080111	SL	.000	16	7,268.			7,268.	3,131.		606.
52	A20 AVIATION HEADSET	081011	SL	.000	16	997.			997.	998.		0.
53	CHARGE TO OFFSET CREDIT MEMO	082712	SL	12.00	16	10,000.			10,000.	3,402.		833.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AGAPE FLIGHTS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
54	IRIDIUM SATELLITE PHONE	012312	SL	5.00	16	1,049.			1,049.	979.		70.
55	PRINTER/COPIER	042313	SL	5.00	16	2,495.			2,495.	1,705.		499.
56	COMPUTER SERVER	091213	SL	5.00	16	6,017.			6,017.	3,710.		1,203.
57	SERVER FIREWALL UPDATE	091213	SL	5.00	16	879.			879.	543.		176.
58	GTS855 WITH 2 GA58 ANTENNAS	013114	SL	12.00	16	29,722.			29,722.	6,605.		2,477.
59	HP COLOR LASER JET CP4025 DN	090314	SL	5.00	16	1,304.			1,304.	544.		261.
60	MICRO VABRATION ANALYZER S/N 1581	080514	SL	5.00	16	4,500.			4,500.	1,950.		900.
61	AIRCRAFT TUG	091916	SL	7.00	16	4,000.			4,000.			571.
62	CHIEFTAIN CARGO PLANE	110316	SL	12.00	16	200,000.			200,000.			15,278.
63	SPEER DESK AND FILING CABINET	033117	SL	5.00	16	3,132.			3,132.			313.
64	2014 YAMAHA DRIVE 48V GOLF CART	022817	SL	7.00	16	4,250.			4,250.			354.
	* 990 PAGE 10 TOTAL OTHER					758,410.		0.	758,410.	361,073.		51,306.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,847,781.		0.	1,847,781.	672,260.		79,239.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					1,640,399.		0.	1,640,399.	672,260.		
	ACQUISITIONS					207,382.		0.	207,382.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					1,847,781.		0.	1,847,781.	672,260.		

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - AGAPE FLIGHTS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
44	LAND/HANGAR	121505	SL	.000	244,249.		244,249.	73,850.	0.
45	BUILDING-VENICE HANGAR	121505	SL	.000	839,740.		839,740.	263,752.	0.
46	ADJUST HANGAR PURCHASE	121505	SL	.000	5,382.		5,382.	1,518.	0.
	* 990 PAGE 10 TOTAL BUILDINGS				1,089,371.		1,089,371.	339,120.	0.
	OTHER								
1	UPTECH COMPUTER	120601	SL	.000	1,025.		1,025.	1,025.	0.
2	DIGITAL CAMERA	010502	SL	.000	500.		500.	500.	0.
3	COMPUTER NETWORK	122203	SL	.000	6,162.		6,162.	6,162.	0.
4	DELL LAPTOP	021804	SL	.000	2,094.		2,094.	2,094.	0.
5	DELL LAPTOP	072305	SL	.000	2,194.		2,194.	2,194.	0.
6	DELL COMPUTER	022805	SL	.000	2,351.		2,351.	2,351.	0.
7	HARD DRIVE	042805	SL	.000	879.		879.	879.	0.
8	HARD DRIVE	042805	SL	.000	879.		879.	879.	0.
9	DELL COMPUTER	091606	SL	.000	2,421.		2,421.	2,421.	0.
10	1987-1999 F/D OFFICE EQ	010199	SL	.000	30,172.		30,172.	30,172.	0.
11	TANDENBERG TAPE DRIVE	122900	SL	.000	599.		599.	599.	0.
12	VIDEO CAMERA	102204	SL	.000	1,510.		1,510.	1,510.	0.
13	VIDEO PROJECTOR	122405	SL	.000	1,535.		1,535.	1,535.	0.
14	1983-1998 F/D TOOL/EQ	010198	SL	.000	31,253.		31,253.	31,253.	0.
15	CLARK FORKLIFT	060402	SL	.000	8,000.		8,000.	8,000.	0.
16	MI-T-M PRESSURE CLEANER	080102	SL	.000	2,200.		2,200.	2,200.	0.
17	2 SENNHEISER HEADSET	011503	SL	.000	830.		830.	830.	0.
18	2 SENNHEISER HEADSET	031903	SL	.000	436.		436.	436.	0.
19	FORKLIFT	013005	SL	.000	6,751.		6,751.	6,751.	0.
20	COLOR WHEEL PRESSURE WASHER	052407	SL	.000	1,000.		1,000.	1,000.	0.
21	EQUIPMENT ADJUSTMENT	010998	SL	.000	-3,065.		-3,065.		0.
22	4 MAN RAFT	012210	SL	.000	1,833.		1,833.	1,832.	0.
23	PROUTY LAPTOP	062508	SL	.000	3,337.		3,337.	3,337.	0.
24	DELL LAPTOP	022707	SL	.000	877.		877.	877.	0.
25	3 DELL DESKTOP COMPUTERS	032707	SL	.000	2,367.		2,367.	2,367.	0.
26	DON K. DELL LAPTOP	032807	SL	.000	849.		849.	849.	0.
27	INTECHGRATE UPGRADE SERVER	040207	SL	.000	800.		800.	800.	0.
28	RAMJET MEMORY-PROUTY	082407	SL	.000	305.		305.	305.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - AGAPE FLIGHTS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
29	EMBRAER CARGO PLANE	012310	SL	.000	327,528.		327,528.	209,254.	0.
30	WINDOW ASSEMBLY	070710	SL	.000	1,000.		1,000.	603.	0.
32	RECEPTION DESK DESIGNER CABINET	022007	SL	.000	3,362.		3,362.	3,361.	0.
33	RECEPTION AREA TILE	061507	SL	.000	2,647.		2,647.	2,646.	0.
34	LAPTOP - NIESEN	103007	SL	.000	955.		955.	955.	0.
35	PHOTO EQUIPMENT	103107	SL	.000	621.		621.	620.	0.
36	LABEL PRINTER	012208	SL	.000	1,047.		1,047.	1,046.	0.
37	DELL SERVER	020608	SL	.000	3,719.		3,719.	3,720.	0.
38	HP PRINTER	030508	SL	.000	900.		900.	900.	0.
39	LAPTOP - DELL	041308	SL	.000	2,388.		2,388.	2,389.	0.
40	IMAC 20" SCREEN	052808	SL	.000	1,649.		1,649.	1,650.	0.
41	CANON LASER COPIER	092908	SL	.000	700.		700.	700.	0.
42	DESK TOP COMPUTER-DELL	093008	SL	.000	1,362.		1,362.	1,361.	0.
43	OFFICE COMPUTER & DESKS	123108	SL	.000	10,279.		10,279.	10,280.	0.
47	CUSTOM COMMUN PHONE SYSTEM	021607	SL	.000	4,846.		4,846.	4,846.	0.
49	CABIN SEATS, EMERG EXIT & DOOR	042111	SL	.000	5,700.		5,700.	5,700.	0.
50	FUEL BOOST PUMP S/N 214 FOR N316AF WINDSHIELD, LEFT, HEATED; MICRO VIB	071211	SL	.000	4,000.		4,000.	2,082.	0.
51	RENTAL	080111	SL	.000	7,268.		7,268.	3,737.	0.
52	A20 AVIATION HEADSET	081011	SL	.000	997.		997.	998.	0.
53	CHARGE TO OFFSET CREDIT MEMO	082712	SL	12.00	10,000.		10,000.	4,235.	833.
54	IRIDIUM SATELLITE PHONE	012312	SL	5.00	1,049.		1,049.	1,049.	0.
55	PRINTER/COPIER	042313	SL	5.00	2,495.		2,495.	2,204.	291.
56	COMPUTER SERVER	091213	SL	5.00	6,017.		6,017.	4,913.	1,104.
57	SERVER FIREWALL UPDATE	091213	SL	5.00	879.		879.	719.	160.
58	GTS855 WITH 2 GA58 ANTENNAS	013114	SL	12.00	29,722.		29,722.	9,082.	2,477.
59	HP COLOR LASER JET CP4025 DN	090314	SL	5.00	1,304.		1,304.	805.	261.
60	MICRO VABRATION ANALYZER S/N 1581	080514	SL	5.00	4,500.		4,500.	2,850.	900.
61	AIRCRAFT TUG	091916	SL	7.00	4,000.		4,000.	571.	571.
62	CHIEFTAIN CARGO PLANE	110316	SL	12.00	200,000.		200,000.	15,278.	16,667.
63	SPEER DESK AND FILING CABINET	033117	SL	5.00	3,132.		3,132.	313.	626.
64	2014 YAMAHA DRIVE 48V GOLF CART	022817	SL	7.00	4,250.		4,250.	354.	607.
	* 990 PAGE 10 TOTAL OTHER				758,410.		758,410.	412,379.	24,497.
	* GRAND TOTAL 990 PAGE 10 DEPR				1,847,781.		1,847,781.	751,499.	24,497.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone