## **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2024

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

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

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

Open to Public Inspection

A	For the	2024 calend	dar year, or tax year beginning	01/01/2024 aı	nd ending	1	2/31/2024							
В	Check if a	applicable:	C Name of organization CHILDRE	NS AIRWAY FIRST FOUNDAT	ION		D Emplo	yer identification n	umber					
	Address	change	Doing business as 86-2254672											
	Name ch	ange	Number and street (or P.O. box if	mail is not delivered to street addres	ss)	Room/suite	<b>E</b> Teleph	one number						
$\Box$	Initial retu	ırn	2021 Guadalupe Street Ste 26	60				509-593-5139						
$\Box$	Final retur	rn/terminated		ountry, and ZIP or foreign postal code	<del></del>									
$\Box$	Amended	d return	Austin, TX 78705				<b>G</b> Gross	receipts \$ 1,0	32,809					
$\overline{\Box}$	Application	on pending	F Name and address of principal off	icer: Bradley E Sparks		H(a) Is t	his a group return fo	group return for subordinates?  Yes  No						
		, ,	4830 88th PL SE, Mercer Islan			<b>H(b)</b> Ar	e all subordinat	es included?  Yes	. ☐ No					
ī	Tax-exen	npt status:	✓ 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	or 527	If "No,"	attach a list. See ir	nstructions.						
J	Website:	www.chil	Idrensairwayfirst.org			<b>H(c)</b> Gr	oup exemption	number						
K	Form of o	rganization: 🗸	Corporation Trust Associa	tion Other L	Year of form	nation: 20	21 M State	of legal domicile:	TX					
Р	art I	Summa	ry											
	1	Briefly des	cribe the organization's miss	ion or most significant activit	ies: Gener	ally, to ope	rate exclusiv	ely for charitable,						
ø)		scientific, I	ode, by (i) pro	by (i) providing and										
Š		facilitating	ctors, dentis	s, dentists, insurers, educators,										
rus		facilitating education and training on children's breathing and airway disorders to medical doctors, dentists, insurers, education (Continued on Schedule O, Statement 1)												
ove.	2	Check this	box  if the organization d	an 25% of it	s net assets.									
Ğ	3	Number of	voting members of the gove	rning body (Part VI, line 1a).			. 3		3					
Se	4	Number of	independent voting member	rs of the governing body (Par	t VI, line 1	b)	. 4		1					
Ϋ́È	5	Total numb	oer of individuals employed ir	n calendar year 2024 (Part V,	line 2a)		. 5		0					
Activities & Governance	6	Total numb	per of volunteers (estimate if	necessary)			. 6		23					
٩	7a	Total unrel	ated business revenue from I	Part VIII, column (C), line 12			. 7a		0					
	b	Net unrelat	ted business taxable income	. 7b		0								
Revenue			r Year	Current Yea	r									
	8	Contribution	251,059	1,0	07,567									
	9	Program se	ervice revenue (Part VIII, line	2g)			0		0					
eve	10	Investment	15,889		22,452									
<u> </u>	11	Other reve	550		-722									
	12	Total reven	ue-add lines 8 through 11 (n	nust equal Part VIII, column (A	), line 12)		267,498	57,498 1,02						
	13	Grants and	d similar amounts paid (Part I	X, column (A), lines 1-3)			30,000		19,900					
	14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4)			0		0					
S	15	Salaries, ot	ther compensation, employee I	npensation, employee benefits (Part IX, column (A), lines 5–10)										
Expenses	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)	0		0							
φx			raising expenses (Part IX, col		0									
Ш		-	enses (Part IX, column (A), line				121,222	3	344,370					
		•	nses. Add lines 13-17 (must	• • • • • • • • • • • • • • • • • • • •	,		191,222	4	84,270					
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12			76,276	5	45,027					
Net Assets or Fund Balances						Beginning of	f Current Year	End of Year						
sset	20		ts (Part X, line 16)				576,340	1,1	21,367					
et A	21		( ,)				0		0					
			or fund balances. Subtract li	ine 21 from line 20			576,340	1,1	21,367					
	art II		re Block											
			, I declare that I have examined this in e. Declaration of preparer (other than					my knowledge and b	elief, it is					
٥.														
Si	-	Signature					Date							
He	ere		Sparks, Chairman, Treasurer &											
		<u> </u>	rint name and title	T		_		1						
Pa	iid	Preparer's	s name	Preparer's signature		Date	Check [	_						
	epare	r					self-emp	ployed						
	se Only	Firm's nan					Firm's EIN							
		Firm's add					Phone no.		<b></b> _					
Ma	v tne IR	5 discuss t	this return with the preparer s	snown apove? See instruction	ns			. Yes	I NO					

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Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Generally, to operate exclusively for charitable, scientific, literary, and educational
•	purposes within the meaning of Section 501(c)(3) of the Code, by (i) providing and facilitating education and training on children's
	breathing and airway disorders to medical doctors, dentists, insurers, public health officials, educators, and families, (ii) facilitating
	and funding research and programs for screening, evaluating and treating children's airway disorders, and (iii) raising global
	awareness of the silent epidemic of children's airway disorders together with prevention and treatment options.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$279,337 including grants of \$0) (Revenue \$0)
	CAFF continued to build and improve its world class web site during the year to serve as a reliable source of information for
	parents, doctors, dentists, medical professionals, public health officials and educators. Medical papers, books, and recent articles
	on airway are sourced for easy access. The web site became operational in the late Spring 2021 and is continually being improved
	upon. Site visits continue to increase and have registered into the thousands. In addition to visitors from the United States, they
	come from all over the world with heavy traffic from China, India, and the Middle East where airway disorders are prevalent. The
	site received a major upgrade during the year to support mobile access. During 2024, resources were expended to further develop
	the source listing of airway centric dentists to which parents could refer should they notice airway issues in their children. Since
	airway centric dentists are sparse, a listing is necessary when parents seek to find "who to call". Often, pediatricians have not
	been trained to diagnose breathing issues and also are at a loss of where to refer patients. It is estimated that the listing has
	already been helpful to many parents seeking help for children with airway issue symptoms. Efforts will continue to make the
	directory more useful for parents to find pediatric airway specialists.
41-	(Code) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}\) \(\frac{1}2\) \(\
4b	(Code:) (Expenses \$ 79,900 including grants of \$ 19,900 ) (Revenue \$ 0 )
	One of the first priorities was to assemble top advisory board members comprised of a diverse set of medical, dental, insurance
	and public health professionals. The idea was to integrate the various areas of health expertise to cover airway disorders. This
	was accomplished with luminaries in the field accepting appointments as identified on the CAFF web site. With a broad breadth of experience assembled, CAFF is facilitating a systemic approach to identifying children at all ages who have airway disorders
	affecting their life-long health. The goal is to screen, evaluate and treat all children with airway disorders. Four hundred million
	children worldwide are estimated to suffer some degree of breathing disorder. In 2024 several new advisory board members were
	appointed to broaden the expertise available to CAFF. Quarterly advisory board meetings were held to disseminate and share the
	latest research concerning airway issues. Work is currently ongoing to develop an infant airway screening protocol where every
	newborn will be screened at birth. Work also is being conducted to create an airway center of excellence which would develop
	standards of care in diagnosing and treating children with breathing disorders as well as being resident to medical specialists
	dealing with the most complex breathing issues.
	<del></del>
4c	(Code:) (Expenses \$117,318 including grants of \$0) (Revenue \$0)
	During 2024, CAFF continued to raise awareness of the prevalence of upper airway breathing disorders by attending and
	participating in conferences and meetings with other entities promoting education and learning. CAFF has put particular emphasis
	on identifying problematic children under 30 months when it is easiest to correct any issues before they become systemic
	morbidities. Brochures and posters targeting parents were available for distribution to dental and pediatric offices, and a free
	CAFF newsletter was provided to over 3,000 registrants subscribed to the publication. In addition,our social media following is
	over 3,000 users on four platforms. During 2024, CAFF co-hosted online webinars with parents and clinicians with hundreds of
	attendees. A short documentary film was produced featuring the consequences of misdiagnosing airway disordered breathing.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 2
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses 476,555

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Part	IV Checklist of Required Schedules		Vaa	NI.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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>	3		~
4	<b>Section 501(c)(3) organizations.</b> 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>	4		~
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		/
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? If "Yes," complete Schedule D, Part I	6		_
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
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? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e		\ \ \ \ \ \
12a		11f		-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		<i>'</i>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	V	
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>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . .

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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? If "Yes," complete Schedule I, Parts I and II . . . . .

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20a

20b

Part	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		_
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		ν ν
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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</i> "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.5	or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<i>'</i>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		,
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>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	-
Part				
	and the state of t	- •	Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	.,	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a (			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<i>'</i>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
а b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
_ b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	45		.,
		15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		.,
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		-
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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 . . . 1a 3 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b 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 on Schedule O . . . . . 9 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? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed TX 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. Bradley E Sparks, (509)593-5139

Part VI

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# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	zatic	n c	ompe	ensa	ted any current	officer, director,	or trustee.		
				(	C)							
(A)	(B)	(do n	not cl		ition		one	(D)	(E)	(F)		
Name and title	Average hours per week	(do not check more than one box, unless person is both ar officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		from the organization and related organizations		
Candy Sparks	80.00											
Director and President	0.00	~		~	~	~		120,000	0	0		
Bradley E Sparks	40.00											
Board Chair, Treasurer and Secretary	0.00	~		~	~			0	0	0		
Cameron Strong	1.00											
Director	0.00	~						0	0	0		
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										

Part	VII Section A. Officers, Directors, 7	Γrustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Er	nplo	yees (continued)
					(0	C)						
	(A)		(D)	(E)		(F)						
	Name and title	(B) Average	١,				e than o		Reportable		Reportable	Estimated amount
	Name and the	hours	box, dilicos person is be						compensation	compensation		of other
		per week		_	_	_			from the	from relate		compensation
		(list any hours for	r di	nstit	Officer	éy	mp ligh	Former	organization (W-2/ 1099-MISC/	organizations 1099-MIS		from the organization and
		related	ect ect	ltic	욕	mg	est o	еř	1099-NEC)	1099-NE0		related organizations
		organizations	or tr	nal		Key employee	eom		, , , , , , , , , , , , , , , , , , ,		•	
		below dotted line)	Individual trustee or director	Institutional trustee		e	pen					
		dotted line)	Ď	tee			Highest compensated employee					
							ă					
			1									
			1									
-												
			1									
			-									
			-									
			-									
			-									
1b	Subtotal			٠				•	120,000		0	0
С	Total from continuation sheets to Part	VII, Sectio	n A			•						
d	· ,								120,000		0	0
2	Total number of individuals (including		limite	ed 1	to t	thos	se list	ted	above) who re	eceived mo	ore t	han \$100,000 of
	reportable compensation from the organi	zation							1			
												Yes No
3	Did the organization list any former of							mp	loyee, or highes	t compens	satec	
	employee on line 1a? If "Yes," complete S											3 /
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater th	an \$1	150,	,000	)? [	f "Ye	s, "	complete Sched	dule J for	such	
	individual											4
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsa	tion	fro	m any	un un	related organizat	ion or indiv	idua	
	for services rendered to the organization'	? If "Yes," c	ompl	ete	Sch	hedu	ule J f	or s	such person .			5 🗸
Secti	ection B. Independent Contractors											
1	Complete this table for your five high	nest compe	ensate	ed	inde	epei	ndent	CC	ontractors that r	eceived m	ore	than \$100,000 of
	compensation from the organization. Repo	ort compen	satio	n fo	r the	ca	lenda	r ye	ear ending with or	within the	orgar	nization's tax year.
	(A)								(B)			(C)
	Name and business add	ress							Description of serv	rices		Compensation
Favru	z Benyousef Consulting LLC, 203 Agave Bloo	om Cove. A	ustin.	TX	787:	38		We	eb Site Enhancem	ents		130,155
	gan Media Services, 4051 Crooks Road, Apt 1							_	formation Technol			123,708
	<u> </u>		,					<u> </u>		33		
2	Total number of independent contractor						ted to	th	nose listed abov	e) who		
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion			2			

Page 8

## Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
i, Si	1a	Federated campaign	ns .		1a	2,567				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
င္ပံု ရွိ	С	Fundraising events			1c	0				
rts,	d	Related organization	ns .		1d	5,000				
ੂੰ ਤੋਂ	е	Government grants			1e	0				
ıs,	f	All other contribution								
흔		and similar amounts no	ot inclu	uded above	1f	1,000,000				
호	g	Noncash contribution	ons in	cluded in		1,000,000				
달입	_	lines 1a-1f			1g	\$ 0				
a S	h	Total. Add lines 1a-	-1f .				1,007,567			
						Business Code	1,001,001			
e e	2a									
اہ ≦	b									
yram Ser Revenue	C									
E S	d									
gra Re	e									
Program Service Revenue	f	All other program se								
-	g	<b>Total.</b> Add lines 2a-					0			
	3	Investment income								
		other similar amounts)					22,452	0	0	22,452
	4	Income from investr	nent d	of tax-exem	not ba	nd proceeds	0	0	0	0
	5	<b>5</b>			-	-	0	0	0	0
				(i) Real		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	C	Rental income or (loss)			0	0				
	d	Net rental income o		3)			0	0	0	0
	7a	Gross amount from	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a		0	0				
o	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
eVe	С	Gain or (loss)	7c		0	0				
		Not asia or (loss)	·				0	0	0	0
Other		Gross income from								
₽		events (not including		0						
		of contributions rep		d on line						
		1c). See Part IV, line	18		8a	0				
	b	Less: direct expens	es .		8b	0				
	С	Net income or (loss)	) from	fundraisin	g eve	nts	0		0	0
	9a	Gross income f								
		activities. See Part I	V, lin	e 19 .	9a	0				
	b	Less: direct expens	es .		9b	0				
	С	Net income or (loss)	from	gaming ac	tivitie	es	0	0	0	0
	10a	Gross sales of ir		ory, less						
		returns and allowan	ces		10a	2,790				
	b	Less: cost of goods	sold		10b	3,512				
	С	Net income or (loss)	from	sales of in	vento	pry	-722	-722	0	0
SI						Business Code				
<u>e</u> 90	11a									
scellaneo Revenue	b									
	С									
Miscellaneous Revenue	d	All other revenue								
≥ _	е	Total. Add lines 11a	a-11d	<u>l</u> .			0			
	12	Total revenue. See	instr	uctions .			1,029,297	-722	0	22,452

## Part IX Statement of Functional Expenses

Section 501(d	c)(3) a	and 501	(c)(4)	organiz	zations I	must comp	olete all	columns	s. All	othe	r org	anizat	ions mi	ust com <sub>l</sub>	olete co	lumn	(A).	
	<u> </u>			_		•						. 15.7						

	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	8,550	8,550		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	11,350	11,350		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	120,000	120,000	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	41	0	41	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f g	Investment management fees	0	0	0	0
12	Advertising and promotion	0 34,095	34,095	0	0
13	Office expenses	7,278	34,095	7,278	0
14	Information technology	279,337	279,337	0	0
15	Royalties	0	0	0	0
16	Occupancy	396	0	396	0
17	Travel	16,726	16,726	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	6,497	6,497	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23 24	Insurance	0	0	0	0
а					
b					
С					
d					
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	484,270	476,555	7,715	0
26	<b>Joint costs.</b> 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 lir	ne in this Pa	rt X					
				(A) Beginning of year		<b>(B)</b> End of year			
	1	Cash—non-interest-bearing		52,400	1	59,630			
	2	Savings and temporary cash investments		523,313	2	1,060,521			
	3	Pledges and grants receivable, net		·	3				
	4	Accounts receivable, net			4				
	5	Loans and other receivables from any current or former office	r, director,						
		trustee, key employee, creator or founder, substantial contribut							
		controlled entity or family member of any of these persons .			5				
	6	Loans and other receivables from other disqualified persons (							
		under section 4958(f)(1)), and persons described in section 495	8(c)(3)(B)		6				
ts	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use			8				
As	9	Prepaid expenses and deferred charges			9				
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D   10a							
	b	Less: accumulated depreciation 10b			10c				
	11	Investments—publicly traded securities		627	11	1,216			
	12	Investments – other securities. See Part IV, line 11			12				
	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 33)		576,340	16	1,121,367			
	17	Accounts payable and accrued expenses		0	17	0			
	18	Grants payable		0	18	0			
	19	Deferred revenue	0	19	0				
	20	Tax-exempt bond liabilities	0	20	0				
	21	Escrow or custodial account liability. Complete Part IV of Sched							
es	22	Loans and other payables to any current or former office							
Ė		trustee, key employee, creator or founder, substantial contribut							
Liabilities		controlled entity or family member of any of these persons .		0	22	0			
⋍	23	Secured mortgages and notes payable to unrelated third partie	s	0	23	0			
	24			0	24	0			
	25	Other liabilities (including federal income tax, payables to re							
		parties, and other liabilities not included on lines 17–24). Comp							
		of Schedule D		0					
	26	Total liabilities. Add lines 17 through 25		0	26	0			
es		Organizations that follow FASB ASC 958, check here							
Ē		and complete lines 27, 28, 32, and 33.							
als	27	Net assets without donor restrictions		576,340		1,121,367			
9 9	28	Net assets with donor restrictions		0	28	0			
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.							
ō	29	Capital stock or trust principal, or current funds			29				
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30				
SS	31	Retained earnings, endowment, accumulated income, or other			31				
ĭ. ⊿	32	Total net assets or fund balances		576,340	32	1,121,367			
ž	33	Total liabilities and net assets/fund balances		576,340		1,121,367			

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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)		1,029	,297
2	Total expenses (must equal Part IX, column (A), line 25)		484	,270
3	Revenue less expenses. Subtract line 2 from line 1		545	,027
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		576	,340
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		1,121	,367
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:  Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain or Schedule O.	n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled o	or		
	reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		_
	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.	a		
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o			
С	the audit, review, or compilation of its financial statements and selection of an independent accountant? .			
	If the organization changed either its oversight process or selection process during the tax year, explain or	2c		
	Schedule O.			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	ະ   3a		/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		+	
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	ິ   <sub>3b</sub>		
	The state of the s	0.0		

Form **990** (2024)

## SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

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

Open to Public Inspection

**Employer identification number** Name of the organization CHILDRENS AIRWAY FIRST FOUNDATION 86-2254672 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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 (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

Schedule A (Form 990) 2024 Page **2** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2020 **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 82,143 552,907 250,120 1,007,567 1,892,737 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 4 0 82,143 552,907 250,120 1,007,567 1,892,737 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) . . . . **Public support.** Subtract line 5 from line 4 1,892,737 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 7 Amounts from line 4 . . . . . . 0 82,143 552,907 250,120 1,007,567 1,892,737 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0 0 13,326 22,452 35,778 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 **Total support.** Add lines 7 through 10 11 1,928,515 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . . % 14 15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . % 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. 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 10%-facts-and-circumstances test - 2023. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

## 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 falls to quality	under the te	ists listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(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						
3	furnished by a governmental unit to the						
	organization without charge						
6							
6 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3		-				
<i>i</i> a	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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support			1			
	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8			13, column (f))		15	%
16	Public support percentage from 2023 Sch		•			16	%
	on D. Computation of Investment In-						
17	Investment income percentage for 2024 (			oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2023		* * *	-	* * * *	18	%
19a	331/3% support tests—2024. If the organ						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests—2023. If the organiz	_	_	-		_	
-	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20	Private foundation If the organization di	_	=				_

Schedule A (Form 990) 2024 Page 4

#### Part IV **Supporting Organizations**

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

#### S

CCL	on A. All Supporting Organizations		Yes	Nο
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2024 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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. 2 Section C. Type II Supporting Organizations Yes No 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). 1 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? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, 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. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, 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. 2b Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2024 Page **6** 

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	ions A through E.
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III suppo	rting organization

Schedule A (Form 990) 2024 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 a From 2019 . . . . . From 2020 . . . . . **c** From 2021 **d** From 2022 . . . . . **e** From 2023 . . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE F (Form 990)

(Rev. December 2024)

Department of the Treasury

Name of the organization

#### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

CHILDRENS AIRWAY FIRST FOUNDATION 86-2254672 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990. Part IV. line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ✓ Yes □ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, expenditures for of offices in region (by type) (such as, a program service, agents, and independent fundraising, program services, the region describe specific type of and investments investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) East Asia and the Pacific 0 0 CAFF participated as a spor **Program Services** 12,922 (2)(3)(4)(5) (6)(7) (8) (9) (10) (11)(12)(13)(14)(15)(16) (17)Subtotal . . . . . Total from continuation sheets to Part I . . . . c Totals (add lines 3a and 3b) 12,922

Part II

1	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(4)	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)			East Asia and the Pa	The grant was to help	11,350	Wire Transfer	0	None	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	Enter total nun	nber of recipi	ent organizations lis	sted above that are re	ecognized as cha	rities by the foreign	country, recognized	as a tax	

Schedule F (Form 990) (Rev. 12-2024)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

## Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	☐ Yes	<b>☑</b> No

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - The grant was to help sponsor a breathing-focused event in Melbourne, Australia. The CAFF mission is to raise
the awareness worldwide of the serious health risk to children who are born with airway disorders and who do not receive medical help.
Advisory board members attended events to ensure emphasis focused on young children.

#### **SCHEDULE 0** (Form 990)

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
CHILDRENS AIRWAY FIRST FOUNDATION	86-2254672
Form 990, Part VI, Section A, Line 2 - Bradley and Candy Sparks are married.	
Form 990, Part VI, Section B, Line 11b - The Form 990 is electronically distributed to each boad member be	efore filing. Thereafter, a
telephonic board meeting is held to discuss, make any changes and approve the filing.	
Form 990, Part VI, Section C, Line 19 - The financials are available on the CAFF website, the IRS website, a	nd upon request.

Schedule O, Statement 1

#### **CHILDRENS AIRWAY FIRST FOUNDATION**

Form: **Form 990 (2024)** EIN: **86-2254672** 

Page: 1 Part I, Line 1

#### **Activity Or Mission Description**

#### Description

and families, (ii) facilitating and funding research on programs for screening, evaluating and treating children's airway disorders, and (iii) raising global awareness of the silent epidemic of children's airway disorders together with prevention and treatment options.

Schedule O, Statement 2

#### **CHILDRENS AIRWAY FIRST FOUNDATION**

Form: Form 990 (2024)

EIN: **86-2254672**Part III, Line 4d

Page: 2

#### Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	During 2024, CAFF added additional web casts featuring luminaries in the field (including members of the advisory board) talking about various upper airway respiratory issues affecting over 400 million children globally. At yearend, the site had over 75 web casts. This endeavor provides information to parents who think their child may have airway issues, often being initially identified by snoring, sleeping with an open mouth, disrupted sleep, etc. This accomplishment is a subset of the CAFF web site development effort and expenses associated with this public service are included in item number one.	0	0	0
Total:		0	0	0