

STATE OF COLORADO  
SECRETARY OF STATE



Registration Statement  
For Colorado Charitable Organizations

Renewal

Registration Number: 20123024320

Renewal Id: 20213010246

1. Organization's name: HONOR FLIGHT OF SOUTHERN COLORADO, INC

2. Organization's principal address and any other Colorado offices:

Street address: 1512 SHERMAN AVE

City: CANON CITY State: CO Zip: 81212 Country: United States

Mailing address (if different): PO BOX 62040

City: COLORADO SPRINGS State: CO Zip: 80920 Country: United States

Telephone number: 719-301-6778 Fax number: \_\_\_\_\_

Email: PNOVAK1956@GMAIL.COM

Web site: HONORFLIGHTSOCO.NET

3. Describe the organization's exempt purpose:

HONOR FLIGHT OF SOUTHERN COLORADO IS A NON-PROFIT ORGANIZATION CREATED SOLELY TO TRANSPORT AMERICA'S VETERANS TO WASHINGTON, D.C. TO VISIT THE MEMORIALS DEDICATED TO CELEBRATE THEIR SERVICE AND HONOR THEIR SACRIFICES TO OUR COUNTRY AND HER CITIZENS. PRIORITY IS GIVEN TO THE SENIOR VETERANS -- WORLD WAR II VETERANS, ALONG WITH OTHER VETERANS WHO MAY BE TERMINALLY ILL.

4. FEIN (Federal Employer Identification Number): 45-1452929

5. Has the organization applied for or been granted IRS tax exempt status?: Yes

Date of determination letter, or of application if determination is pending: 06/14/2011

If tax exempt, IRS code: 501(C)(3)

Are contributions to the organization tax deductible?: Yes

**6. List the NTEE code(s) that best describes your organization:**

PHILANTHROPY, VOLUNTARISM, & GRANTMAKING

**7. Other names under which organization solicits:**

HFSOCO

HONOR FLIGHT OF SO CO

HONOR FLIGHT SO CO

**8. Custodian of organization's financial records:**

**Name:** NOVAK, PATRICK D

**Phone Number:** 719-651-5987

**Email:** PNOVAK1956@GMAIL.COM

**President/Board Chair:**

**Name:** NOVAK, PATRICK D

**Phone Number:** 719-651-5987

**Email:** PNOVAK1956@GMAIL.COM

**9. Names of officers, directors, trustees, and executive personnel of the charitable organization:**

**Name:** KNESS, IDELLE L

**Title:** SECRETARY

**Name:** SHAEFER, MARK

**Title:** BOARD MEMBER

**Name:** HARRIS, BARBARA

**Title:** BOARD MEMBER

**10. Name of authorized officer who signed this registration statement:**

**Name:** PATRICK D. NOVAK

**Date:** 04/30/2021