** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable X Address change AIR FORCE ASSOCIATION Name change 52-6043929 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1501 LANGSTON BOULEVARD 400 703-247-5800 74,074,205. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ARLINGTON, VA 22209-1109 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRUCE WRIGHT Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.AFA.ORG **H(c)** Group exemption number ▶ 5392 K Form of organization: X Corporation Trust Association Other > L Year of formation: 1946 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTE DOMINANT U.S. AIR & Governance STRONG NATIONAL DEFENSE, HONOR AIRMEN & OUR HERITAGE if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 84 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1250 6 1,181,979. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 8,198,714. 9,652,582. Contributions and grants (Part VIII, line 1h) 8 Revenue 6,832,710. 10,953,884. Program service revenue (Part VIII, line 2g) 1,817,804 4,675,806. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,314,506 703,539. 11 19,163,734 25,985,811. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 327,124 298,562. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,595,660, 9,094,140. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 216,508, 309 299. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,579,913, 8,234,638. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,719,205. 17,936,639. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,444,529. 8,049,172. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** o 41,846,008 48,277,771. Total assets (Part X, line 16) 23,850,704 18,793,086. 21 Total liabilities (Part X, line 26) 三年 17,995,304. 29,484,685. Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign BRUCE WRIGHT, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature J. ANDREW SMITH J. ANDREW SMITH 10/25/22 P00635175 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's EIN ▶ Firm's address > 901 N. GLEBE ROAD, SUITE 200 Use Only Phone no.571-227-9500 ARLINGTON, VA 22203 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

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Pai	t 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:		
	THE AIR FORCE ASSOCIATION (AFA) IS A NONPROFIT, INDEPENDENT,		
	PROFESSIONAL MILITARY, AND AEROSPACE EDUCATION ASSOCIATION. IT'S		
	MISSION IS TO PROMOTE DOMINANT U.S. AIR AND SPACE FORCES AS THE		
	FOUNDATION OF A STRONG NATIONAL DEFENSE; TO HONOR AND		
2	Did the organization undertake any significant program services during the year which were not liste	d 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 progran	n services?	X Yes No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program s	services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4 , 070 , 916 including grants of \$) (Revenue \$	7,072,474.)
	CONFERENCE, SYMPOSIUM, EVENT:		
	AFA HOSTS MAJOR NATIONAL EVENTS TO FACILITATE ETHICAL DIALOG AMONG		
	SENIOR GOVERNMENT AND MILITARY OFFICIALS, AEROSPACE AND OTHER INDUSTRY		
	LEADERS, AIRMEN, GUARDIANS, MEDIA REPRESENTATIVES, EDUCATORS, AND		
	INTERESTED MEMBERS OF THE PUBLIC AND TO PROMOTE INNOVATION, EDUCATION,		
	AND PROFESSIONAL DEVELOPMENT. AFA'S AIR, SPACE & CYBER CONFERENCE IS		
	OUR LARGEST ANNUAL EVENT WITH OVER 12,000 REGISTRANTS IN 2021.		
4b	(Code:) (Expenses \$ 2 , 483 , 419 . including grants of \$) (Revenue \$	1,190,907.)
	AIR FORCE MAGAZINE:		
	AFA'S AIR FORCE MAGAZINE (WWW.AIRFORCEMAG.COM) AND ITS DAILY REPORT		
	E-MAIL NEWSLETTER REPORT ON NEWS, TRENDS, TECHNOLOGY, AND DEVELOPMENTS		
	IN THE US AIR FORCE, AIRPOWER, AND NATIONAL SECURITY. THE ANNUAL AIR		
	FORCE MAGAZINE USAF ALMANAC FEATURES A COMPREHENSIVE COMPENDIUM OF AIR		
	FORCE STATISTICS, HISTORICAL BUDGET AND PERSONNEL DATA, MAPS AND		
	PROFILES OF EVERY AIRCRAFT AND WEAPON SYSTEM IN THE INVENTORY.		
4c	(Code:) (Expenses \$2,940,899. including grants of \$) (Revenue \$)
	THE MITCHELL INSTITUTE FOR AEROSPACE STUDIES:		
	THE MITCHELL INSTITUTE FOR AEROSPACE STUDIES HARNESSES SEASONED TALENT		
	TO POSITIVELY INFLUENCE THE NATIONAL SECURITY DEBATE BY COGENTLY		
	ARTICULATING HOW THE DOMAINS OF AIR, SPACE, AND CYBER CAN PRUDENTLY		
	ADVANCE THE NATION'S INTERESTS WITHOUT PROJECTING UNDUE LIABILITY AND		
	VULNERABILITY. PRODUCTS INCLUDE SCHOLARLY REPORTS, BRIEFINGS AND		
	VARIOUS OP-EDS TO HELP DEFENSE POLICY PRACTITIONERS, POLICY EXPERTS,		
	AIRPOWER ENTHUSIASTS AND THE GENERAL PUBLIC BETTER UNDERSTAND SPECIFIC		
	TOPICS OF INTEREST.		
	RESTRICTED MITCHELL INSTITUTE CONTRIBUTIONS TOTALED \$3,974,988. THESE		
	CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO		
	EXECUTE PROGRAM OPERATIONS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 5,409,919. including grants of \$ 298,562.) (Revenue \$	2,690,503	3.)
4e	Total program service expenses ▶ 14,905,153.		
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AIR FORCE ASSOCIATION

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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	Х	<u> </u>
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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? If			
	"Yes," complete Schedule L, Part IV	28a	Х	x
	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? If	28c		х
29	"Yes," complete Schedule L, Part IV	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~ =	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		1 30		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. 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?	1c		i

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Par				age -
			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 84			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	- · · · · · · · · · · · · · · · · · · ·			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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		Х
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?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
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 Organ respirate included on Form 200 Part VIII, line 10 for public uses of all the facilities.	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management				1	-					
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			[2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the										
					3		Х				
4											
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х				
6	Did the organization have members or stockholders?			Г	6	х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····							
	more members of the governing body?				7a	х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·····							
~	persons other than the governing body?				7b	х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·····							
а	The governing body?	-	-	- 1	8a	х					
b	Each committee with authority to act on behalf of the governing body?			I	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			······	OD						
9					9		Х				
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Re				9						
	tion BTT Gridies (This Section B requests information about policies not required by the internal Re	venue	Coae.)			Yes	No				
102	Did the organization have local chapters, branches, or affiliates?			ſ	10a	X	140				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·····	IUa						
b			, armates,		10b	х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			·····	11a	х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y DCIOI	e ming the form	''''	1 Ia						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? f			······ }	120						
С		, -			10-	x					
40	on Schedule O how this was done				12c	х					
13	Did the organization have a written whistleblower policy?				13	Х					
14	Did the organization have a written document retention and destruction policy?			·····	14	Λ					
15	Did the process for determining compensation of the following persons include a review and approva		uependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- 1	4-	х					
	The organization's CEO, Executive Director, or top management official				15a	Λ					
b	Other officers or key employees of the organization			}	15b						
40	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 arrangen			- 1	40		v				
	taxable entity during the year?				16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in the control of t										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			- 1							
800	exempt status with respect to such arrangements?				16b						
	tion C. Disclosure	т тт	VC VV MA M								
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, H				I - N						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıa 990	-ı (section 50°	ı (c)(3)s	oniy) a	avallat	ые				
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain		,								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest polic	cy, and	financ	ial					
	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 boo	oks and	d records 🕨								
	JOSEPH STANGL, CFO - 703-247-5825										
	1501 LANGSTON BOULEVARD, SUITE 400, ARLINGTON, VA 22209-1109										

Form 990 (2021) AIR FORCE ASSOCIATION 52-6043929 Page 7

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, 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.

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

• 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.

(A)	(B)	J. ga	<u>~</u> u		C)	.001		(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		Cer al	iu a u		n/u uS	(56)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	36 Or (stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		oyee	om pe		1099-NEC)		and related
	below	/idual	Institutional trustee	je	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) MOLLY MAE POTTER	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(1) BRUCE A. WRIGHT	35.00									
PRESIDENT	5.00			Х				483,229.	0.	58,149.
(2) DAVID DEPTULA	40.00									
DEAN, MITCHELL INSTITUTE		<u> </u>			Х			450,762.	0.	24,628.
(3) DOUGLAS RAABERG	35.00									
EXECUTIVE VP	5.00			Х				282,676.	0.	26,105.
(4) MARK GUNZINGER	40.00									
DIR, GOVERN'T PROGRAMS & W						Х		213,831.	0.	40,176.
(5) HEATHER PENNEY	40.00									
SR RESIDENT FELLOW, MITCHE						Х		190,028.	0.	43,091.
(6) JOSEPH STANGL	35.00									
CHIEF FINANCIAL OFFICER	5.00			Х				192,058.	0.	36,972.
(7) DOUG BIRKEY	40.00									
EXEC DIR, MITCHELL INSTITU						Х		196,907.	0.	11,344.
(8) BERNARD SKOCH	40.00									
COMMISSIONER, CYBERPATRIOT						Х		141,135.	0.	14,042.
(9) GERALD R. MURRAY	23.00									
CHAIRMAN OF THE BOARD	3.00	Х		Х				0.	0.	0.
(10) JIM SIMONS	18.00									
VCOB, FIELD OPERATIONS	3.00	Х		Х				0.	0.	0.
(11) STEPHEN GOURLEY	13.00									
VCOB, AEROSPACE EDUCATION	3.00	Х		Х				0.	0.	0.
(12) CHUCK MARTIN	6.00									
NATIONAL TREASURER	3.00	Х		Х				0.	0.	0.
(13) MICHAEL J. LIQUORI	8.00									
NATIONAL SECRETARY	3.00	Х		Х				0.	0.	0.
(14) GAVIN "MAC" MACALOON	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(15) SUSAN MALLETT	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(16) ROGER W. TEAGUE	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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Form 990 (2021) AIR FORCE ASSOCIATION 52-6043929 Page 8

Form 990 (2021) AIR FORCE A	SSUCTATION								52-604392	Page •
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em _l	oloy	ees,	and	l Hig	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Cer ar	ia a a	recto	r/trus	tee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		99/	Highest compensated employee		1099-NEC)	1099-1120)	and related
	below	dualt	ution	<u></u>	key employee	st co	ы			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(17) LEN VERNAMONTI	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(18) BOBI OATES	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(19) MARK TARPLEY	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(20) JACKIE TROTTER	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(22) THOMAS DEALE	3.00									
NATIONAL DIRECTOR	1.00	Х						0.	0.	0.
(23) KATHLEEN FERGUSON	3.00									
NATIONAL DIRECTOR	1.00	Х						0.	0.	0.
(24) JOSEPH BURKE	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(25) LISA DISBROW	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(26) BUSTER DOUGLAS	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
1b Subtotal							ightharpoons	2,150,626.	0.	254,507.
c Total from continuation sheets to Part	VII, Section A						ightharpoons	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	2,150,626.	0.	254,507.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No line 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

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rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors**

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
	Description of services	Compensation
FONTEVA	SYSTEM SOFTWARE DESIGN AND	
4420 N. FAIRFAX DRIVE, ARLINGTON, VA 22203	DEVELOPMENT	354,531.
LSC COMMUNICATION		
P.O. BOX 531840, ATLANTA, GA 30353	MAGAZINE PRINT/DISTRIBUTION	324,045.
CIAS	COMPETITION SOFTWARE	
ONE UTSA CIRCLE, SAN ANTONIO, TX 78249	PRODUCTION	289,822.
UNLEASHED TECHNOLOGIES LLC, 8840 STANFORD		
BLVD SUITE 4300, COLUMBIA, MD 21045	SYSTEM MIGRATION	271,363.
GALEFORCE PATHWAYS, 2316 N. WAHSATCH		
AVENUE, SUITE 225, COLORADO SPRINGS, CO	MANAGEMENT SUPPORT SERVICES	215,363.
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	15	
-		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 AIR FORCE ASSOCIATION 52-6043929

Form 990 AIR FORCE ASS	SOCIATION								52-60439	929
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(c		Pos	ition that		lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) BOB GEORGE	3.00							_	_	_
DIRECTOR	1.00	Х						0.	0.	0.
(28) LESLEY KALAN DIRECTOR	3.00 1.00	v						0.	0.	0
		Х			-	_		0.	0.	0.
(29) DAVID GOLDFEIN DIRECTOR	3.00 1.00	х						0.	0.	0.
(30) KALETH WRIGHT	3.00	Λ						0.	0.	٠.
DIRECTOR	1.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c					<u> </u>	<u> </u>				

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Form 990 (2021)

Part VIII

Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					idilotion revenue	business revenue	sections 512 - 514
တ္ တ	1:	a Federated campaigns 1a	130,967.				
au nu		b Membership dues 1b					
ΩĔ		c Fundraising events 1c					
ifts Ir A		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)	2,052,296.				
Sir		f All other contributions, gifts, grants, and					
le ti		similar amounts not included above 1f	7,469,319.				
		g Noncash contributions included in lines 1a-1f					
Sor		h Total. Add lines 1a-1f	•	9,652,582.			
<u> </u>			Business Code				
a	2	a EVENT REVENUE	900099	7,072,474.	7,072,474.		
ķ		b MEMBERSHIP DUES & SUBS	900099	2,144,394.	2,144,394.		
Ser		c PUBLICATIONS ADVERTISI	900099	1,190,907.	8,928.	1,181,979.	
Program Service Revenue		d CYBERPATRIOT REGISTRAT	541800	546,109.	546,109.		
Beg		e			·		
Pr		f All other program service revenue					
		g Total. Add lines 2a-2f		10,953,884.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	· ·	579,842.			579,842.
	4						
	5	Royalties		697,207.			697,207.
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 4,500.					
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 4,500.					
		d Net rental income or (loss)		4,500.			4,500.
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 52,184,358.					
		b Less: cost or other basis					
e		and sales expenses 7b 48,088,394.					
Ven		c Gain or (loss)					
Be		d Net gain or (loss)		4,095,964.			4,095,964.
ther Revenue	8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold10b					
\dashv		c Net income or (loss) from sales of inventory					
ठ्		OMUED DEVENUE	Business Code	1 020			1 020
Miscellaneous Revenue		a OTHER REVENUE	900099	1,832.			1,832.
llan		b					
Sce		d All other revenue					
Ξ		d All other revenue e Total. Add lines 11a-11d		1,832.			
	12			25,985,811.	9,771,905.	1,181,979.	5,379,345.

132009 12-09-21

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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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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	9,250.	9,250.		
2	Grants and other assistance to domestic	200 212	200 212		
	individuals. See Part IV, line 22	289,312.	289,312.		
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	1,554,577.	1,236,430.	278,386.	39,761
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	6,036,104.	4,776,428.	1,101,910.	157,766
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	562,990.	471,770.	78,315.	12,905
9	Other employee benefits	423,452.	343,332.	73,355.	6,765
0	Payroll taxes	517,017.	416,954.	85,029.	15,034
1	Fees for services (nonemployees):				
а	Management				
b	Legal	129,458.	83,825.	37,581.	8,052
С	Accounting	153,204.		153,204.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	309,299.			309,299
f	Investment management fees	108,832.		108,832.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,910,377.	1,902,434.	7,943.	
12	Advertising and promotion	89,035.	9,698.	17,201.	62,136
13	Office expenses	1,021,988.	804,885.	22,533.	194,570
14	Information technology	713,467.	689,448.		24,019
15	Royalties				
16	Occupancy	382,250.	364,664.		17,586
17	Travel	211,516.	168,864.	40,859.	1,793
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,190,900.	2,180,367.	8,392.	2,141
20	Interest	195.		195.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	100,606.	89,479.		11,127
23	Insurance	253,995.	34,982.	219,013.	
<u>4</u>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MAGAZINE	679,495.	679,407.		88
b	OTHER EXPENSES	178,757.	123,076.	57,918.	-2,237
С	BAD DEBT	54,568.	8,651.	41,443.	4,474
d	TAXES AND FEES	33,625.	1,379.	22,481.	9,765
е	All other expenses	22,370.	220,518.	32,457.	-230,605
25	Total functional expenses. Add lines 1 through 24e	17,936,639.	14,905,153.	2,387,047.	644,439
:6	Joint costs. Complete this line only if the organization	-	-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	273,190.	177,193.	29,024.	66,973

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Form 990 (2021)
Part X Balance Sheet

Par	ιΛ	Balance Sneet					
		Check if Schedule O contains a response or r	ote to ar	ny line in this Part XI		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,982,181.	1	6,665,10
	2	Savings and temporary cash investments	335,066.	2	2,595,29		
	3	Pledges and grants receivable, net			703,328.	3	700,25
	4	Accounts receivable, net			130,001.	4	680,98
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	sons		5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ς l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			72,377.	8	68,35
₽	9	5			290,187.	9	881,07
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	2,644,874.			
	b	Less: accumulated depreciation			880,587.	10c	865,99
	11	Investments - publicly traded securities			34,418,391.	11	34,679,18
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			33,890.	15	1,141,53
	16	Total assets. Add lines 1 through 15 (must e			41,846,008.	16	48,277,77
	17	Accounts payable and accrued expenses			1,875,483.	17	4,498,41
	18	Grants payable				18	
	19	Deferred revenue			8,470,434.	19	7,516,85
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
ا ي	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
ਵੱ	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela			3,883,313.	24	1,272,10
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D		, ,	9,621,474.	25	5,505,710
	26	Total liabilities. Add lines 17 through 25			23,850,704.	26	18,793,080
		Organizations that follow FASB ASC 958, c					
ès		and complete lines 27, 28, 32, and 33.					
a a	27	Net assets without donor restrictions			13,406,573.	27	23,892,180
ga	28	Net assets with donor restrictions			4,588,731.	28	5,592,50
<u> </u>		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
, P	29	Capital stock or trust principal, or current fund	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			17,995,304.	32	29,484,68
-	33	Total liabilities and net assets/fund balances			41,846,008.	33	48,277,771

orm	1990 (2021) AIR FORCE ASSOCIATION	52-6043929		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,	985,	811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,	936,	639.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,	049,	172.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,	995,	304.
5	t unrealized gains (losses) on investments			209,	328.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,	230,	881.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	29,	484,	685.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** AIR FORCE ASSOCIATION 52-6043929 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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) 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 II, 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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Schedule A (Form 990) 2021 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge						
1	·						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		T	I	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	· ·		fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o					nore, check this box	x and
	stop here. The organization qualifies						. —
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•	• • •				
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	•	•	viviow and organiz	
۲	10% -facts-and-circumstances test	_			-		
	more, and if the organization meets the	-					. 5, 0 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
<u></u>	ato rodinadioni ii tile organizatio	did flot officer a	207 011 1110 10, 10	۵, ۱۵۵, ۱۲۵, ۱۲۱	o, or look trill box a		(Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	5,976,039.	6,005,970.	7,720,242.	8,198,714.	9,652,582.	37,553,547.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,447,150.	9,183,994.	9,636,144.	5,663,022.	9,771,905.	42,702,215.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	14,423,189.	15,189,964.	17,356,386.	13,861,736.	19,424,487.	80,255,762.
	Amounts included on lines 1, 2, and	-		·	-		-
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						80,255,762.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	14,423,189.	15,189,964.	17,356,386.	13,861,736.	19,424,487.	80,255,762.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	564,244.	468,103.	1,711,220.	1,437,568.	1,281,549.	5,462,684.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	564,244.	468,103.	1,711,220.	1,437,568.	1,281,549.	5,462,684.
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.)	4,091.	2,286.	3,251.	1,346,526.	1,832.	1,357,986.
13	Total support. (Add lines 9, 10c, 11, and 12.)	14,991,524.	15,660,353.	19,070,857.	16,645,830.	20,707,868.	87,076,432.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						.
	ction C. Computation of Publi						00.45
	Public support percentage for 2021 (li		•	olumn (f))		15	92.17 %
_	Public support percentage from 2020					16	%
	ction D. Computation of Inves					Г. <u>.</u> Т	C 27
	Investment income percentage for 20					17	6.27 %
	Investment income percentage from 2			or Proceedings of the control Process		18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						► V
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	•				•	
20	Private foundation If the organization						

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 AIR FORCE ASSOCIATION 52-6043929 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Oh-		
3b		
3с		
4a		
4b		
4c		
5a		
		
5b 5c		
30		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		

1 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 11b alone (the governing body or a supported organization? b A family member of a person described on line 11a above? c A 39% controlled entity of a person described on line 11a above? 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 following the state of the supported organization is above the regularly appoint or elect at least a majority of the organization's different circuits at all times during the tax year? If My, organization is PRTV II how the supported organization's provided the supported organization and more supported organization and the supported organization of the supported organization or supported organization	Pal	TIV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either above or together with persons described on lines 11b and 11b allow, the governing body of a supported organization? A 35% controlled entity of a person described on line 11a above? A 35% controlled entity of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11b above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on the 11b above? B 45% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described provided organizations bear the power to regularly appoint or elect at least a majority of the organization of the organization bear the 14b and 15b an				Yes	No
1 Le blow, the governing body of a supported organization? b A family member of a person described on line 11 a on 11b above? If "Yes" to line 11a, 11b, or 11c, provide c A 35% controlled entity of a person described on line 11 a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 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 require yapoint or eded at least a majority of the organizations of one or more supported organizations have the power to require yapoint or eded at least a majority of the organizations of one or more supported organizations have the power to require the provisions of the supported organizations of the control of the supported organizations of the supported organization organizations of the supported organization or under than the supported organization organizations of the supported organization organizations of the supported organization or such organizations organizations organizations organizations organizations organizations organizations	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A Amily member of a person described on line 11 a above? A AS% contilled entity of a person described on line 11 a of 110 above? A AS% contilled entity of a person described on line 111 a of 110 above? Bestion B. Type I Supporting Organizations Did the growning body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization that the property of the organization that the organization of the organizations of the organizations. 1 Were a majority of the organizations of erectors of trustees during the tax year also a majority of the directors or trustees of each of the organizations of very organizations. 1 Were an anjority of the organizations of erectors or frustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or munaged that according organization or supported organizations or the organization organization organizations of the organization organization organizati	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a A3% controlled retity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide potatis in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their efficial capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of officers, effectively operated, supervised, or controlled the organization of electric three than one supported organization had not not expended organization and expended organization and waste conditions or restrictions, if any, applied to such powers during the law year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the three t		11c below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations 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 of officers, directors, or trustees at all times during the tax year? "It have a comparable in the organization of the organization of section in the supported organization, describe how the powers to appoint and/or renove 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. 2 Did the organization operated personal organization of the tent the supported organization of the organization of the organization of the supported organization of the organization		·	11b		
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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 of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of officers, directors, or trustases at all times during the tax year? // 1/h ² o ² centible in PRT VI () now the supported organization of directors, describe in PRT VI () now the supported organization of supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2		detail in Part VI.	11c		
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more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offices, directors, or trustees at all times during the tax year? If No, Posserbie 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 offices, directors, or trustees ware allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 bid the organization operated for the benefit of any supported organization of the tax person of the supporting organization. Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting Organizations. 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 Organizations was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting Organization was vested in the same persons that controlled or managed the supporting Organization was vested in the same persons that controlled or managed the supporting Organization was vested in the same persons that controlled or managed the supporting Organization was vested in the same persons that controlled or managed the support organization is 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 90th that year. (ii) a copy of the Form 90th that year. (ii) a copy of the Form 90th that year. (ii) a copy of the Form 90th that year. (iii) and provided organization is of the date of notification, to the extent not previously				Yes	No
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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 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. 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 The organization satisfied the Activities Test. Complete line 2 below. b 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. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year 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 on line 2a, above, constitute activities that, but for the organization determined these activities during the organization(s) would have been engaged in these activities but for the organization's involvement, one or more of 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 Organization's involvement. 3 Parent of Supported Organization's involvement. 4 Did the organization have the power to regularly appoint or elect a majority of the	2				
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	h	·	Ga		
	J		3h		

064-0381

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Distributable Amount. 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	ally integrated	d Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _{(continue}	ed)					
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3					
4	Amounts paid to acquire exempt-use assets		4						
_5	Qualified set-aside amounts (prior IRS approval required - pro		5						
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2021	s	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
<u>a</u>	From 2016								
b	From 2017								
<u>c</u>	From 2018								
<u>d</u>	From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2021 distributable amount								
<u>_i</u>	Carryover from 2016 not applied (see instructions)								
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
<u>e</u>	Excess from 2021								

Schedule A (Form 990) 2021

AIR FORCE ASSOCIATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 A PART III SECTION C LINE 16
IN THE CURRENT YEAR THE ORGANIZATION DETERMINED ITS PUBLIC SUPPORT
UNDER 509(A)(2). IN THE PRIOR YEAR THE ORGANIZATION DETERMINED IT
PUBLIC SUPPORT UNDER 170(B)(1)(A)(VI) AND COMPLETED PART II.
SCHEDULE A PART III SECTION C LINE 18
IN THE CURRENT YEAR THE ORGANIZATION DETERMINED ITS PUBLIC SUPPORT
UNDER 509(A)(2). IN THE PRIOR YEAR THE ORGANIZATION DETERMINED IT
PUBLIC SUPPORT UNDER 170(B)(1)(A)(VI) AND COMPLETED PART II.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

AI	52-6043929				
Organization type (check o	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 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				
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If , line 1. Complete Parts I and II.	d that received from any one			
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 (entering "N/A" in column (b) instead of the contributor name and address), 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					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	•			
_HA For Paperwork Reduct	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)			

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

AIR FORCE ASSOCIATION

52-6043929

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	* * 763,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 301,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ 1,343,266.	Person X Payroll

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

AIR FORCE ASSOCIATION 52-6043929

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4

Name of or	rganization		Employer identification number
AIR FORC	E ASSOCIATION		52-6043929
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ctused uplicate copies of Part III if additional s	through (e) and the following line entra naritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year htry. For organizations r less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and	d 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
	Transferee's name, address, and	(e) Transfer of gif	ft 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
_	Transferee's name, address, and	(e) Transfer of gif	ft 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 gif	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4) (5) or (6) organizations: Complete Part III.

Ocotion	00 1(0)(4), (0), 01 (0) 01 gariizat	iono. Compicto i art iii.			
Name of org	anization			Emplo	oyer identification number
	AIR FORCE A				52-6043929
Part I-A	Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527 org	ganization.
2 Politica		ation's direct and indirect politic ures gn activities			
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3	3).	
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax rganization incurred a section	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	ers under section 4955 for this year?		Yes No
Part I-C	Complete if the org	anization is exempt und	er section 501(c).	except section 501(c)	(3).
 Enter the exempt Total eximate 17t Did the Enter the made percentage Contribution 	ne amount of the filing organ function activities cempt function expenditures filing organization file Form ne names, addresses and en payments. For each organizations received that were pro	by the filing organization for se ization's funds contributed to ot . Add lines 1 and 2. Enter here a	ther organizations for se and on Form 1120-POL, N) of all section 527 pol d from the filing organiz a separate political orga	sction 527 \$ \$ \$ \$ itical organizations to which ation's funds. Also enter the anization, such as a separate	Yes No the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021	AIR FORCE ASSOCIATION	52-604
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		AIR FORCE ASSOCI				143929 Page 2
Part II-A	Complete if the org section 501(h)).	anization is exe	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
Check	if the filing organiza	tion belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
	expenses, and shar	re of excess lobbying	expenditures).			
Check	if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
		ts on Lobbying Expe ditures" means amo	nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total	lobbying expenditures to influ	uence public opinion	grassroots lobbying)		0.	
b Total	lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)		141,000.	
	lobbying expenditures (add li	ū	, , , , , ,		141,000.	
	r exempt purpose expenditure			[17,778,363.	
	exempt purpose expenditure				17,919,363.	
	ying nontaxable amount. Ente				1,000,000.	
	amount on line 1e, column (a) o		bying nontaxable am			
Not o	ver \$500,000	` '	the amount on line 1e.			
Over	\$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500,000.		
Over	\$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exce	ess over \$1,000,000.		
Over	\$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.		
Over	\$17,000,000	\$1,000	,000.	. , ,		
	· ,	,		•		
g Grass	sroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtr	act line 1g from line 1a. If zer	o or less, enter -0-			0.	
	ract line 1f from line 1c. If zero				0.	
j If the	re is an amount other than ze			•		
	ting section 4911 tax for this	_				Yes No
	(Some organizations t	nat made a section 5	eraging Period Under i01(h) election do not l rate instructions for lir	nave to complete all o	f the five columns be	low.
		Lobbying Expe	nditures During 4-Yea	r Averaging Period		
(or fi	Calendar year scal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobb	ying nontaxable amount	968,606	1,000,000.	879,822.	1,000,000.	3,848,428.

Schedule C (Form 990) 2021

141,000.

250,000.

5,772,642.

141,000.

962,108.

1,443,162.

250,000.

242,152.

b Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

219,956.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the I	lobbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
ŀ	local legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a \	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f (Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	5 E01(a)(E)	0r 000	tion	
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1 (0)(5)	, or sec	tion	
uit					
uit	\(-\/-\/-			Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		. 1	Yes	N
1 \				Yes	N ₁
1 \ 2 [3 [Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5)	2 3 , or sec	tion	
1 \ 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) No" OR (b	, or sec b) Part I	tion	
1 \2 [3 [7] 2 art 1 [2 [8]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) No" OR (b	, or sec b) Part I	tion	
1 \2 [3 [7] 2 art 1 [2 5	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) No" OR (b	a, or sec b) Part I	tion	
1 \2 [3 [3] 2 art 1 [2] 2 a (4)	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	
1 \2 [3 [3] 2 art 1 [2] 2 a (4)	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) No" OR (b	2 3, or sec b) Part I	tion	
11 \ 22 [2art 11 [22	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the state of \$100 or less? Complete if the organization is exempt under section \$01(c)(4), section \$01(c)(6)\$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section \$27(f)\$ tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	
1 \ \22 \ [\ \23 \ [\ \24 \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the string of \$100 or less? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	3, is
1 \ \ 22 \ [\ 33 \ [\ 24 \] \ 3 \ 4 \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	
11 \\22 \[\frac{1}{2} \] 11 \[\frac{1}{2} \] 22 \[\frac{1}{2} \] 3 \[\frac{1}{2} \] 4 \[\frac{1}{2} \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	e prior year? n 501(c)(5) No" OR (b	2 3, or sec b) Part I	tion	
11 \\22 \[\frac{1}{2}\] 11 \[\frac{1}{2}\] 22 \[\frac{1}{2}\] 3 \[\frac{1}{2}\] 4 \[\frac{1}{2}\] 6 \[\frac{1}{2}\]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (b	2 3 , or sec b) Part I	tion	

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.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

	AIR FORCE ASSOCIATION		52-6043929
Pa			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion 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	ed conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired af	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶	annount to to a start >	
4	Number of states where property subject to conservation ease		-
5	Does the organization have a written policy regarding the period	h a l d a O	□ Vaa □ Na
6	violations, and enforcement of the conservation easements it I		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing con	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation assements during the year
'	\$	ing of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot	· · · · · · · · · · · · · · · · · · ·	
	organization's accounting for conservation easements.	g -	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea-	sures, or other similar assets for financ	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

132051 10-28-21

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

Schedule D (Form 990) 2021

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant us	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	mpt purpose	e in Part)	KIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	ures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	or other assets not	included		_		
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						
							Amoun ⁻	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liab	ility?	L	Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete in								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye				
1a		2,144,573.	1,929,792.	1,621,051.	•	3,441.	1,	579,07	
b	Contributions	3,149.	5,550.		†	5,050.		6,10	
С	Net investment earnings, gains, and losses	383,378.	277,500.		 	3,359.		267,17	
d	Grants or scholarships	28,500.	24,500.	23,500.	2	1,000.		22,31	L2.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	46,575.	43,769.	39,383.		3,081.		36,60	
g	End of year balance	2,456,025.	2,144,573.		1,62	1,051.	1,	793,44	11.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 48.0000	%							
С									
	The percentages on lines 2a, 2b, and 2c shou	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are held an	d administered for t	he organizat	ion	ſ		
	by:							Yes I	
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)	+	X
	If "Yes" on line 3a(ii), are the related organiza						3b		
Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.						
Fai	Complete if the organization answered		Dart IV line 11a S	oo Form QQQ Part V	lino 10				
	· · · · · · · · · · · · · · · · · · ·	T	Ī	i		.	(-I) D		
	Description of property	(a) Cost or o basis (investn	, ,	' '	Accumulated epreciation		(d) Boo	k value	
1a	Land	I							
b	•								
С	1	I							
d	1 1		2	,644,874.	1,778,8	76.		865,99	98.
	Other							0.65 6	
Total	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 10	Oc.)				865,99	,8.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 AIR FORCE ASSOCI	ATION		52-6043929	Page 3
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-vear 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 V line 13		
		(c) Method of valuation: Cost or	and of voor mortest	
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost of	end-or-year market	value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Tatal (Col. /b) must equal Form 000 Port V. col. (P) line 12.)				
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 000 Part IV line	11d Soc Form 990 Bart V line 15		
	Description	Tru. See Form 990, Fart A, line 15.	(b) Book	
	Description		(b) 600k	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	. 45\			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)			
	F 000 D-+ IV I'	44 446 O Farm 000 Dark V Page	05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) CAPITAL LEASE OBLIGATION				42,508.
(3) PENSION LIABILITY			5,	408,986.
(4) 457F LIABILITY				54,216.
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		▶ 5,	505,710.

Schedule D (Form 990) 2021

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

Sche	dule D (Form 990) 2021 AIR FORCE ASSOCIATION			52-6043929	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total construction and allower and allower and the differential statements			1	29,132,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	209,328.		
b	Donated services and use of facilities	2b	10,000.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	3,035,743.		
	Add lines 2a through 2d			2e	3,255,071.
3	Subtract line 2e from line 1				25,876,979.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , ,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,832.		
	Other (Describe in Part XIII.)	4b			
				4c	108,832.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				25,985,811.
	t XII Reconciliation of Expenses per Audited Financial Statemen				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-xponioco poi ii		
_	, ,			1	17,837,807.
1	Total expenses and losses per audited financial statements			1 .	17,037,007.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	10 000		
	Donated services and use of facilities	2a	10,000.		
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			10 000
_	Add lines 2a through 2d			2e	10,000.
3	Subtract line 2e from line 1			3	17,827,807.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	100 022		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,832.		
	Other (Describe in Part XIII.)	4b			100 022
_	Add lines 4a and 4b			4c	108,832.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	17,936,639.
		/ lines 1h s	nd Oh: Dort V line 4:	Dort V line O. I	Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	•		; Part X, line 2; i	Part XI,
imes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onai iniomia	ation.		
ם אם ח	V, LINE 4:				
FARI	v, bine 4:				
ENDO	WMENT FUNDS WILL BE USED FOR SCHOLARSHIPS AND AWARDS AND IN ACC	OPDANCE			
ширс	MAINT TORDS WITH BE SOED TON SCHOOLINGHIES IND IMMEDS IND IN NO.	OKDINCL			
WTTE	THE WISHES OF THE DONOR.				
<u> </u>	THE WISHES OF THE BONOK.				
PART	X LINE 2:				
	<u> </u>				
ΔFΔ	IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVI	TTES			
	ID BREAK I TROUT THE INTERNAL OF TROOMS THESE ON THE BREAK I ROTTY				
IINDE	R SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IT HAS	BEEN			
01121	in profiler solice, (e) of the initialize harmon cost (inc), if his	<u> </u>			
DETE	RMINED THAT AFA IS NOT A PRIVATE FOUNDATION AS IT MEETS THE				
REQU	IREMENTS OF BEING PUBLICLY SUPPORTED UNDER IRC SECTION 509(A)(2	2).			
3 T-	DODGE AGGOGIANTON (ADA) TWO THE THE TITLE TO THE TOTAL TOTAL TO THE TH				
AIR	FORCE ASSOCIATION (AFA) EVALUATED ITS TAX POSITION AND DETERMIN	IEU THAT			
ITS	POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION	I. THE			
	The state of the s				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

AIR FORCE ASSOCIATION

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

Inspection Employer identification number

52-6043929

Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g X Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (includ professi	non-g gover aising ding of onal fi	overnment grants rnment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(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
DIRECTMAIL.COM - 5351 KETCH	DIRECT MAIL FUNDRAISING	Yes	No			
ROAD, PRINCE FREDERICK, MD	CONSULTANT		Х	749,300.	142,479.	606,821.
LYNCH PINNACLE - 5425 WISCONSIN AVENUE, SUITE 600,	CORPORATE FUNDRAISING CONSULTANT		х	590,500.	165,000.	425,500.
			•	1,339,800.	307,479.	1,032,321.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
AL,AK,AR,CA,CT,CO,OH,DC,FL,GA,H	I,IL,KS,KY,LA,ME,MD,MA,MI,N	MN,MS,	MO,N	YN, NJ, HY		
NC, ND, NM, NV, OH, OK, OR, PA, RI, SC, T	N,TX,UT,VA,WA,WV,WI					

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

Schedule G (Form 990) 2021

SEE PART IV FOR CONTINUATIONS

(event type) (event type) (total number) 1 Gross receipts (event type) (event type) (total number) 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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.	Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gro				
1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net Income summary. Subtract line 10 from line 3, column (d) 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 8a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming or complete in the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming or complete in the organization line of the organization line or complete in the							(d) Total events (add col. (a) through
2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses				(event type)	(event type)	(total number)	col. (c))
2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses	au						
2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses	Reve	1	Gross receipts				
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 Noncash prizes 14 Rent/facility costs 15 Other direct expenses 16 Volunteer labor 17 Direct expense summary. Add lines 2 through 5 in column (d) 18 Net gaming income summary. Subtract line 7 from line 1, column (d) 19 Enter the state(s) in which the organization conducts gaming activities: 10 Were any of the organization licensed to conduct gaming activities: 10 Were any of the organization licensed to conduct gaming activities: 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		2	Less: Contributions				
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 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: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:		3	Gross income (line 1 minus line 2)				
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 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: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:							
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 Noncash prizes 14 Rent/facility costs 15 Other direct expenses 16 Volunteer labor 17 Direct expenses summary. Add lines 2 through 5 in column (d) 18 Net gaming income summary. Add lines 2 through 5 in column (d) 19 Enter the state(s) in which the organization conducts gaming activities: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		4	Cash prizes				
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 Noncash prizes 14 Rent/facility costs 15 Other direct expenses 16 Volunteer labor 17 Direct expenses summary. Add lines 2 through 5 in column (d) 18 Net gaming income summary. Add lines 2 through 5 in column (d) 19 Enter the state(s) in which the organization conducts gaming activities: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		_	Nanagala minag				
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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 (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor Volunteer labor No No 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? b If "No," explain:	ပ္ရ	5	Noncasn prizes				
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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 (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor Volunteer labor No No 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? b If "No," explain:	xpense	6	Rent/facility costs				
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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 (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor Volunteer labor No No 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? b If "No," explain:	t)	7	Food and beverages				
9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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 (c) Other direct expenses 1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Other gaming (c) Other direct expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses (a) Yes (b) Yes (c) Other gaming (c) Other direct expenses (c) Other direct expenses (c) Other direct expenses (c) Other direct expense (c) Other direct exp	<u>j</u>						
10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Stipped Column		8	Entertainment				
11 Net income summary. Subtract line 10 from line 3, column (d) 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 (c) Other		9					
Saming. 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 (c) other gamin			, ,	(/			
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Cother gaming (d) Other gaming	Da						
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Code of the state (s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? (c) Other gaming (d) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Code of the state (s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	1 4			answered res on Form	1990, Part IV, line 19, or	reported more than	
1 Gross revenue			TIO,000 OITT OITT COO EE, IIITO CO.		(b) Pull tabs/instant		(d) Total gaming (add
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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? b If "No," explain:	nue			(a) Bingo		(c) Other gaming	col. (a) through col. (c))
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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? b If "No," explain:	eve						
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		1	Gross revenue				
5 Other direct expenses Yes % Yes Yes % Yes Y	es	2	Cash prizes				
5 Other direct expenses Yes % Yes Yes % Yes Y	eus	_	Nanaga wina				
5 Other direct expenses Yes % Yes Yes % Yes Y	Ω Ω	3	Noncash prizes				
Yes	Direct	4	Rent/facility costs				
Yes		5	Other direct expenses				
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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?			,	Yes %	Yes %	Yes %	
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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		6	Volunteer labor	No No	No No	No No	
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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
Penter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?				_			
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?				tivities in each of these	states?		Yes No
	b	If "	No," explain:				
		_					
	10a	We	re any of the organization's gaming licenses re	voked suspended or te	rminated during the tax	vear?	Yes No
				. ssa, sasponasa, or to	acca daming the tax	J	
	_						

Schedule G (Form 990) 2021

132082 10-21-21

Page 2

Scr	nedule G (Form 990) 2021 AIR FORCE ASSOCIATION	52-6043	929	Page 3
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	O No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	1;	3a	%
ı	o An outside facility	1	3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	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
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	— ne		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III	lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
/ T Y	NAME OF FUNDDATCED, DIDECTMATI COM			
(1)	NAME OF FUNDRAISER: DIRECTMAIL.COM			
<u>(I)</u>	ADDRESS OF FUNDRAISER: 5351 KETCH ROAD, PRINCE FREDERICK, MD 20678			
<u>(I)</u>	NAME OF FUNDRAISER: LYNCH PINNACLE			
<u>(I)</u>	ADDRESS OF FUNDRAISER:			
542	25 WISCONSIN AVENUE, SUITE 600, CHEVY CHASE, MD 20815			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization	Employer identification number						
Part I General Information on Grants as							52-6043929
Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro	o substantiate the tance?	oring the use of grant	t funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HQ CIVIL AIR PATROL 105 SOUTH HANSELL STREET, BLDG 714 MAXWELL AFB, AL 36112	75-6037853	E01/(0)/(2)	9,250.		N/A	N/A	PROVIDES GRANTS TO CIVIL AIR PATROL UNITS TO ENHANCE AEROSPACE EDUCATION
	73 0037033	501(6)(6)	3,250.				
2 Enter total number of section 501(c)(3) ar	-		ne line 1 table				
3 Enter total number of other organizations	s listed in the line	1 table)

Schedule I (Form 990) 2021 AIR FORCE ASSOCIATION 52-6043929 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance AEROSPACE EDUCATION SCHOLARSHIPS 29 0 100,500. PITSENBARGER 57 28,500 0. 57 0. AF JUNIOR ROTC GRANT 14 250 EDUCATOR GRANT 27 13,500, 0 TEACHER OF THE YEAR 81 35 500 0 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ALL REQUESTS ARE REVIEWED BY THE BOARD OR COMMITTEES. MOST COMMITTEES ARE NOT LOCATED AT AFA HEADQUARTERS. SCHOLARSHIPS ARE GRANTED BASED ON NEED, ACADEMIC ACHIEVEMENT, AND STUDY IN TECHNICAL DISCIPLINES.

Schedule I (Form 990) AIR FORCE ASSOCIATION 52-6043929

stic Individuals(Schedule I (Form 99	00), Part III.)		1 49
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
49.	41,500.	0.		
35.	53,000.	0.		
4	2 562	0		
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant 49. 41,500.	49. 41,500. 0. 35. 53,000. 0.	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 49. 41,500. 0.

Page 2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

ZUZOpen to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

AIR FORCE ASSOCIATION Employer identification number 52-6043929

			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Х				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment contract							
	Independent compensation consultant							
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		х				
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х					
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?	5a	Х					
	Any related organization?	5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		Х				
	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53 4958-6(c)2	a						

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

Schedule J (Form 990) 2021

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

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

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

(A)).		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRUCE A. WRIGHT	(i)	401,229.	82,000.	0.	37,831.	20,318.	541,378.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID DEPTULA	(i)	375,762.	75,000.	0.	23,362.	1,266.	475,390.	0.
DEAN, MITCHELL INSTITUTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DOUGLAS RAABERG	(i)	276,926.	5,750.	0.	24,839.	1,266.	308,781.	0.
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARK GUNZINGER	(i)	208,831.	5,000.	0.	19,795.	20,381.	254,007.	0.
DIR, GOVERN'T PROGRAMS & W	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HEATHER PENNEY	(i)	185,028.	5,000.	0.	17,893.	25,198.	233,119.	0.
SR RESIDENT FELLOW, MITCHE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSEPH STANGL	(i)	187,867.	4,191.	0.	16,311.	20,661.	229,030.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DOUG BIRKEY	(i)	190,907.	6,000.	0.	10,004.	1,340.	208,251.	0.
EXEC DIR, MITCHELL INSTITU	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BERNARD SKOCH	(i)	141,135.	0.	0.	12,660.	1,382.	155,177.	0.
COMMISSIONER, CYBERPATRIOT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

BRUCE WRIGHT RECEIVED \$6,660 FOR HEALTH OR SOCIAL CLUB DUES OR INITIATION

FEES. THIS AMOUNT IS NOT INCLUDED IN HIS TAXABLE COMPENSATION.

PART I, LINE 1B:

ALTHOUGH NO FORMAL WRITTEN POLICY IS IN PLACE FOR HEALTH OR SOCIAL CLUB

DUES. THE ORGANIZATION DID FOLLOW THE TERMS SET FORTH IN THE EXECUTIVE'S

EMPLOYEMENT CONTRACT.

PART I, LINE 4B:

BRUCE WRIGHT - AFA CONTRIBUTED TO THE PRESIDENT'S 457(F) PLAN IN THE AMOUNT

OF \$15,000 DURING 2021. COMPENSATION WILL NOT BE PAID OUT UNTIL FULLY

VESTED IN THE PLAN.

PART I LINE 5:

THE PRESIDENT HAS A BASELINE BONUS. ANY INCREASE OVER THAT BONUS AMOUNT IS

BASED, IN PART, BY THE REVENUE PERFORMANCE OF THE ASSOCIATION. THE DEAN OF

THE MITCHELL INSTITUTE RECEIVES A BONUS CONTINGENT ON MEETING REVENUE

TARGETS SET FORTH IN THE DEAN'S EMPLOYMENT CONTRACT. AFA ALSO GRANTS

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
ONUSES TO STAFF, AT THE PRESIDENT'S DISCRETION. PART OF THE PERFORMANCE
VALUATION FOR THE BONUSES INCLUDES REVENUE GENERATION.

Page 3

Schedule J (Form 990) 2021

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the	ne organization							Emp	oloyer	r ident	ificati	on nu	mber	
	A	IR FORCE AS	SOCIATION					52	2-604	13929				
Part I	Excess Bene	efit Transac	tions (section	501(c)(3	3), secti	ion 501(c)(4), and sec	ction 501(c)(29) orgar	nizatio	ns on	ıly).				
	Complete if the o	organization an	swered "Yes" or	Form 9	990, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, li	ine 40	ıb.				
1 , ,		(b	Relationship be	etween o	disqual	ified .					(d)	Corre	cted?	
(a) Na	me of disqualified p	person	person and	organiza	ation	(0	c) Description of trans	sactio	n		Y	Yes		
2 Enter	the amount of tax i	ncurred by the	organization ma	anagers	or disc	qualified persons duri	ing the year under							
section	on 4958								> \$					
3 Enter	the amount of tax,	if any, on line 2	2, above, reimbu	rsed by	the org	ganization			> \$					
Part II	Loans to and	d/or From Ir	iterested Pe	rsons.	•									
	-	-				, Part V, line 38a or F	orm 990, Part IV, line	e 26; c	or if th	e orga	nizatio	on		
	reported an amo									I/1 \ A =				
•	a) Name of	(b) Relationshi	10111b (0) 1 al booo 1		oan to or m the	(e) Original	(f) Balance due	(g) In by boa			ard or	(i) V	Vritten	
inter	rested person	with organization	of loan	organ	ization?	principal amount		default?		comn	nittee? agre		reement?	
				То	From			Yes	No	Yes	No	Yes	No	
				_						 	├──		-	
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				-						+	 		-	
				_						+	├─		-	
										+	\vdash			
				-						+	 		1	
										+				
										+				
Total		1			ı	> \$								
Part III	Grants or As	sistance Be	enefiting Inte	reste	d Per									
	Complete if the o		•											
(a) N	lame of interested p	Ť	(b) Relationshi			(c) Amount of	(d) Type	of		(e) Purp	ose o	f	
			interested pe	rson an		assistance	assistand				assista			
			the organi	zation										

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 AIR FORCE	E ASSOCIATION		52-604392	29	Page 2
Part IV Business Transactions Involve	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
STEVE LUNDGREN	NATIONAL TREASURER	1,343,266.	LOAN TO ORG		Х
					<u> </u>
				ļ	
					-
Dowt V Complemental Information					
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see in	nstructions).			
GOULT DARM THE DUGTNESS MEANGAGHTONS	INVOLVING INMEDEGMED DEDGONG				
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: STEVE LUNDGREN					
(A) NAME OF PERSON: SIEVE LUNDGREN					
(D) DESCRIPTION OF TRANSACTION: LOAN TO	O OPCANTZATION				
(b) DESCRIPTION OF TRANSACTION. BOAN TO	O CRGANIZATION				
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
PRESIDENT OF BANK THAT ISSUED PPP LOAN	TO AFA. THE LOAN HAS SINCE BI	EEN			
FORGIVEN BY SBA.					

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization AIR FORCE ASSOCIATION 52-6043929 LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONT'D: SUPPORT OUR AIRMEN, GUARDIANS, AND THEIR FAMILIES; AND TO REMEMBER AND RESPECT OUR ENDURING HERITAGE. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: AIR SPACE AND CYBER CONFERENCE, CYBERPATRIOT NATIONAL FINALS, AND STELLARXPLORERS NATIONAL FINALS WERE HELD VIRTUALLY IN 2021 DUE TO COVID-19. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MEMBERSHIP & FIELD SERVICES: MEMBERSHIP DUES HELP AFA ADVANCE ITS MISSION WITH PRODUCTS LIKE AIR FORCE MAGAZINE AND PROGRAMS LIKE THE WOUNDED AIRMAN PROGRAM. RECEIVE A VARIETY OF BENEFITS, INCLUDING THE MONTHLY MAGAZINE DISCOUNTS ON PRODUCTS. AND DISCOUNTS ON THE 2 MAJOR EVENTS HELD EACH YEAR. AFA IS LED BY VOLUNTEER LEADERS AT THE NATIONAL. STATE AND LOCAL THESE FIELD LEADERS ARE THE GOVERNING BODY OF AFA LEVELS. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,144,394. EXPENSES \$ 1,465,370. CYBERPATRIOT: CYBERPATRIOT IS THE AFA'S NATIONAL YOUTH CYBER EDUCATION PROGRAM CREATED TO ADDRESS A VITAL NATIONAL NEED BY DRAWING STUDENTS TO EDUCATION AND CAREERS IN STEM. THE CORE ELEMENT OF THE PROGRAM IS THE NATIONAL YOUTH CYBER DEFENSE COMPETITION WHICH PUTS MIDDLE AND HIGH SCHOOL STUDENTS IN CHARGE OF SECURING VIRTUAL NETWORKS. OTHER PROGRAM

ELEMENTS ARE AFA CYBERCAMPS. THE ELEMENTARY SCHOOL CYBER EDUCATION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization AIR FORCE ASSOCIATION 52-6043929 INITIATIVE, A CHILDREN'S LITERATURE SERIES AND CYBERGENERATIONS, THE SENIOR CITIZENS' CYBER SAFETY INITIATIVE. RESTRICTED CYBERPATRIOT CONTRIBUTIONS TOTALED \$1,875,253. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS. EXPENSES \$ 2,240,086. INCLUDING GRANTS OF \$ 53,000. REVENUE \$ 546,109. AEROSPACE EDUCATION AND PUBLIC AWARENESS: AFA IS DEDICATED TO ENSURING AMERICA'S AEROSPACE EXCELLENCE THROUGH EDUCATION SCHOLARSHIPS, GRANTS, AWARDS, AND PUBLIC AWARENESS. PARTNERSHIPS WITH GROUPS LIKE CIVIL AIR PATROL AND ARNOLD AIR SOCIETY/SILVER WINGS HELP US REACH THE NEXT GENERATION OF AIRPOWER ENTHUSIASTS. RESTRICTED AEROSPACE EDUCATION CONTRIBUTIONS TOTALED \$60,510. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS. EXPENSES \$ 411,110. INCLUDING GRANTS OF \$ 201,500. REVENUE \$ 0. STELLARXPLORERS: STELLARXPLORERS IS AN EDUCATIONAL PROGRAM DESIGNED TO INSPIRE AND ATTRACT STUDENTS TO PURSUE CAREERS IN STEM PROGRAMS THROUGH A CHALLENGING, SPACE SYSTEM DESIGN COMPETITION INVOLVING ALL ASPECTS OF SYSTEM DEVELOPMENT AND OPERATION WITH A SPACECRAFT/PAYLOAD FOCUS. RESTRICTED STELLARXPLORERS CONTRIBUTIONS TOTALED \$730,025. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS. EXPENSES \$ 513,911. INCLUDING GRANTS OF \$ 41,500. REVENUE \$ 0.

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization AIR FORCE ASSOCIATION 52-6043929 WOUNDED AIRMAN PROGRAM: AFA CONTINUES TO EXPAND OUR FOCUS ON THE TOTAL AIR FORCE FAMILY, WHICH INCLUDES MILITARY SPOUSES, CHILDREN, WINGMEN, AND FAMILIES. AID HAS RANGED FROM FINANCIAL SUPPORT, TO LODGING FOR CAREGIVERS DURING HOSPITAL STAYS, AND INVOLVEMENT IN ADAPTIVE SPORTING EVENTS. RESTRICTED WOUNDED AIRMAN CONTRIBUTIONS TOTALED \$98,522. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS. EXPENSES \$ 96,318. INCLUDING GRANTS OF \$ 2,562. REVENUE \$ 0. OTHER PROGRAMS: OTHER PROGRAM SERVICES INCLUDE GOVERNMENT RELATIONS, COMMUNICATIONS AFFINITY PROGRAMS, AND DEVELOPMENT OPERATIONS EXPENSES \$ 683,124. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE IS COMPRISED OF THE NATIONAL OFFICERS AND TWO ADDITIONAL NATIONAL DIRECTORS APPOINTED BY THE CHAIRMAN. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD WHEN THE FULL BOARD IS NOT IN SESSION. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS VARIOUS CLASSES OF MEMBERS BASED ON LENGTH OF MEMBERSHIP AND TYPE. FORM 990, PART VI, SECTION A, LINE 7A: THE VOTING DELEGATES OF THE ORGANIZATION ELECT THE MEMBERS OF THE BOARD OF DIRECTORS.

06191025 131839 064-038032

Schedule O (Form 990) 2021 Page **2**

Employer identification number Name of the organization AIR FORCE ASSOCIATION 52-6043929 FORM 990, PART VI, SECTION A, LINE 7B: THE DELEGATES OF THE ORGANIZATION APPROVE THE AIR FORCE ASSOCIATION STATEMENT OF POLICY; ELECT MEMBERS OF THE GOVERNING BODY; APPROVE DUES CHANGES; AND APPROVE CHANGES TO AIR FORCE ASSOCIATION CONSTITUTION. FORM 990, PART VI, SECTION B, LINE 11B: AFTER PREPARATION BY AFA'S CPA FIRM, AFA STAFF ALONG WITH THE FINANCE COMMITTEE AND AUDIT COMMITTEE CHAIR PERFORM A THOROUGH REVIEW. A COPY OF THE FORM 990 IS THEN PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: HANDLING A CONFLICT OF INTEREST THAT ARISES AT A MEETING - A DIRECTOR SHOULD BE SENSITIVE TO ANY INTEREST HE OR SHE MAY HAVE IN A DECISION TO BE MADE BY THE BOARD OF DIRECTORS AND, INSOFAR AS POSSIBLE, RECOGNIZE THAT SUCH INTEREST EXISTS PRIOR TO THE DISCUSSION OR PRESENTATION OF SUCH A MATTER BEFORE THE BOARD. WHEN A DIRECTOR HAS AN INTEREST IN A TRANSACTION BEING CONSIDERED BY THE BOARD, HE OR SHE SHOULD DISCLOSE THE CONFLICT BEFORE THE BOARD TAKES ACTION ON THE MATTER. THE DIRECTOR SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE IN ANY WAY, THE DIRECTOR'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE QUORUM FOR ANY AIR FORCE ASSOCIATION BUSINESS TRANSACTION IN WHICH HE OR SHE HAS A POSSIBLE INTEREST. IF THE DIRECTOR RECOGNIZES THAT THE CONFLICT IS ONGOING AND THAT THE INFORMATION DISCUSSED AT THE BOARD MEETING WILL BEAR ON THAT CONFLICT, THE DIRECTOR SHOULD NOT PARTICIPATE IN THAT PORTION OF THE DISCUSSION AND LEAVE THE ROOM. BOARD MEMBERS SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR.

132212 11-11-21 Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** AIR FORCE ASSOCIATION 52-6043929 THIS POLICY IS MONITORED BY THE MEMBERS OF THE GOVERNING BOARD CONTINUOUSLY THROUGH THE YEAR. FORM 990, PART VI, SECTION B, LINE 15A: PRESIDENT ONLY - THE PRESIDENT'S COMPENSATION IS SET BY THE PRESIDENTS EVALUATION & COMPENSATION COMMITTEE AND IS REVIEWED PERIODICALLY. THE LAST REVIEW OCCURRED IN 2020. IN AUGUST OF 2018 THE PRESIDENT'S COMPENSATION WAS REVIEWED BY AN OUTSIDE CONSULTING FIRM. THE FIRM COMPARED THE COMPENSATION OF THE PRESIDENT OT OTHER SIMILAR ASSOCIATIONS. A LAWYER WHO SPECIALIZES IN ASSOCIATIONS WAS CONSULTED AS PART OF THIS REVIEW. ADDITIONALLY THERE IS A SIGNED EMPLOYMENT CONTRACT. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC TN, UT, VA, WI, WV FORM 990, PART VI, SECTION C, LINE 19: AIR FORCE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 1,676,863. MANAGEMENT AND GENERAL EXPENSES

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021		Page :
Name of the organization AIR FORCE ASSOCIATION		Employer identification number 52-6043929
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,676,863.	
COMMISSIONS:		
PROGRAM SERVICE EXPENSES	216,998.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	216,998.	
STAFF DEVELOPMENT:		
PROGRAM SERVICE EXPENSES	8,573.	
MANAGEMENT AND GENERAL EXPENSES	7,943.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	16,516.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,910,377.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN PENSION LIABILITY	3,035,743.	
INTERCOMPANY ALLOCATION	195,138.	
TOTAL TO FORM 990, PART XI, LINE 9	3,230,881.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-6043929

Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	(d) (e) Total income End-of-year		Direct c	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more r	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) t controlling entity	Section 5 contr	olled ity?
AFA TITLE HOLDING COMPANY - 84-2095604 1501 LANGSTON BOULEVARD, SUITE 400 ARLINGTON, VA 22204	HOLDS TITLE OF AFA BUILDING	VIRGINIA	501(C)(2)	331(0)(0))	AIR FOR		Yes	No
,								

AIR FORCE ASSOCIATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	organizations trouted as a partitioning starting the tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership		
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10		
]												
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	1		1	1				•	1				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		country)		,				Yes	No
-									
-	-								
-									
	-								

Page 2

Schedule R (Form 990) 2021 AIR FORCE ASSOCIATION 52-6043929 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
	Gift, grant, or capital contribution to related organization(s)	1b		Х			
С	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	Loans or loan guarantees to or for related organization(s)	1d		Х			
е	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1g		Х			
	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х				
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х				
	Sharing of paid employees with related organization(s)	10		Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
q	Reimbursement paid by related organization(s) for expenses	1q	Х				
r	Other transfer of cash or property to related organization(s)	1r		Х			
s	Other transfer of cash or property from related organization(s)	1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THC TITLE HOLDING COMPANY	N	428,657.	COST
(2) THC TITLE HOLDING COMPANY	Q	195,138.	COST
(3) THC TITLE HOLDING COMPANY	К	190,165.	COST
(4) THC TITLE HOLDING COMPANY	L	1,752.	COST
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2021 AIR FORCE ASSOCIATION 52-6043929 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

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CARRYOVER DATA TO 2022

Name AIR FORCE ASSOCIATION	Employer Identification Numb	er
Based on the information provided with this return, the following are possible carryover amounts to next year.	l	
FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISING		1,500.
FEDERAL CONTRIBUTION - 50% CASH		141,203.
	·	
		

Name: AIR FORCE ASSOCIATION FEIN: 52-6043929

	nd Entity: PRE- 82 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/18	Amount Used for							
2017	1,000.	1,000.	1,000.								
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
Detail Type	S Used for B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used f
	c										

112571 04-01-21 Name: AIR FORCE ASSOCIATION FEIN: 52-6043929

	e and Entity: CON	TRIBUTION - 5	0% CASH FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi	original Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 201 B 201 C 201	6 150,513. 7 86,841. 8 22,996.										
D 201 E 202 F 202	9,616.										
G H I J											
K L M											
N O P											
Q R S T											
V W											
Deta Type		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C											
D E F											
G H I J											
K L M											
N O P Q											
R S T											
V W											

112571 04-01-21 Name: AIR FORCE ASSOCIATION FEIN: 52-6043929

Type and Entity: ADVERTISING POST-2017 NOL FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover											
Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for	Amount Used for							
	1,500.										
;											
2021											
1											
l											
)											
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	c										
;											
1											
V											
<u> </u>											

112571 04-01-21 Form **990-W**

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

▶ Go to www.irs.gov/Form990W for instructions and the latest information.▶ Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2022

1	Unrelated business taxable income expected in the tax year	1				
2	Tax on the amount on line 1. See instructions for tax compu	2				
3	Alternative minimum tax for trusts. See instructions	3				
4	Total. Add lines 2 and 3	4				
5	Estimated tax credits. See instructions	5				
6	Subtract line 5 from line 4		6			
7	Other taxes. See instructions	7				
8	Total. Add lines 6 and 7				8	
9	Credit for federal tax paid on fuels. See instructions	9				
b	Subtract line 9 from line 8. Note: If less than \$500, the organ estimated tax payments. Private foundations, see instructions. Enter the tax shown on the 2021 return. See instructions. Ca zero or the tax year was for less than 12 months, skip this lin and enter the amount from line 10a on line 10c 2022 Estimated Tax. Enter the smaller of line 10a or line 10b					
	from line 10a on line 10c	(a)	(b)	(c)	10c	(d)
11	Installment due dates. See instructions11	1 ,,				
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." 12					
13	2021 Overpayment. See instructions 13	-				
	Payment due (Subtract line 13 from line 12) 14 For Paperwork Reduction Act Notice, see instructions.					Form 990-W (2022)