

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AIR FORCE ASSOCIATION		D Employer identification number 52-6043929
	Doing business as		E Telephone number 703-247-5800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1501 LANGSTON BOULEVARD 400		G Gross receipts \$ 74,074,205.
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209-1109		
F Name and address of principal officer: BRUCE WRIGHT SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 5392	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.AFA.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1946 **M** State of legal domicile: DC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE DOMINANT U.S. AIR & SPACE FORCE, STRONG NATIONAL DEFENSE, HONOR AIRMEN & OUR HERITAGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	84
	6 Total number of volunteers (estimate if necessary)	6	1250
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,181,979.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,198,714.	9,652,582.
	9 Program service revenue (Part VIII, line 2g)	6,832,710.	10,953,884.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,817,804.	4,675,806.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,314,506.	703,539.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,163,734.	25,985,811.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	327,124.	298,562.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,595,660.	9,094,140.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	216,508.	309,299.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 644,439.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,579,913.	8,234,638.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,719,205.	17,936,639.	
19 Revenue less expenses. Subtract line 18 from line 12	4,444,529.	8,049,172.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 41,846,008.	End of Year 48,277,771.
	21 Total liabilities (Part X, line 26)	23,850,704.	18,793,086.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,995,304.	29,484,685.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	BRUCE WRIGHT, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name J. ANDREW SMITH	Preparer's signature J. ANDREW SMITH	Date 10/25/22	Check if self-employed <input type="checkbox"/>	PTIN P00635175
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. 571-227-9500		
Firm's address ▶ 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [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 services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 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 HARNESSSES 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.)

4e Total program service expenses 14,905,153.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOSEPH STANGL, CFO - 703-247-5825
1501 LANGSTON BOULEVARD, SUITE 400, ARLINGTON, VA 22209-1109

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.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOLLY MAE POTTER DIRECTOR	3.00 1.00	X					0.	0.	0.	
(1) BRUCE A. WRIGHT PRESIDENT	35.00 5.00			X			483,229.	0.	58,149.	
(2) DAVID DEPTULA DEAN, MITCHELL INSTITUTE	40.00				X		450,762.	0.	24,628.	
(3) DOUGLAS RAABERG EXECUTIVE VP	35.00 5.00			X			282,676.	0.	26,105.	
(4) MARK GUNZINGER DIR, GOVERN'T PROGRAMS & W	40.00					X	213,831.	0.	40,176.	
(5) HEATHER PENNEY SR RESIDENT FELLOW, MITCHE	40.00					X	190,028.	0.	43,091.	
(6) JOSEPH STANGL CHIEF FINANCIAL OFFICER	35.00 5.00			X			192,058.	0.	36,972.	
(7) DOUG BIRKEY EXEC DIR, MITCHELL INSTITU	40.00					X	196,907.	0.	11,344.	
(8) BERNARD SKOCH COMMISSIONER, CYBERPATRIOT	40.00					X	141,135.	0.	14,042.	
(9) GERALD R. MURRAY CHAIRMAN OF THE BOARD	23.00 3.00	X		X			0.	0.	0.	
(10) JIM SIMONS VCOB, FIELD OPERATIONS	18.00 3.00	X		X			0.	0.	0.	
(11) STEPHEN GOURLEY VCOB, AEROSPACE EDUCATION	13.00 3.00	X		X			0.	0.	0.	
(12) CHUCK MARTIN NATIONAL TREASURER	6.00 3.00	X		X			0.	0.	0.	
(13) MICHAEL J. LIQUORI NATIONAL SECRETARY	8.00 3.00	X		X			0.	0.	0.	
(14) GAVIN "MAC" MACALON DIRECTOR	3.00 1.00	X					0.	0.	0.	
(15) SUSAN MALLET DIRECTOR	3.00 1.00	X					0.	0.	0.	
(16) ROGER W. TEAGUE DIRECTOR	3.00 1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) LEN VERNAMONTI DIRECTOR	3.00 1.00	X						0.	0.	0.
(18) BOBI OATES DIRECTOR	3.00 1.00	X						0.	0.	0.
(19) MARK TARPLEY DIRECTOR	3.00 1.00	X						0.	0.	0.
(20) JACKIE TROTTER DIRECTOR	3.00 1.00	X						0.	0.	0.
(22) THOMAS DEALE NATIONAL DIRECTOR	3.00 1.00	X						0.	0.	0.
(23) KATHLEEN FERGUSON NATIONAL DIRECTOR	3.00 1.00	X						0.	0.	0.
(24) JOSEPH BURKE DIRECTOR	3.00 1.00	X						0.	0.	0.
(25) LISA DISBROW DIRECTOR	3.00 1.00	X						0.	0.	0.
(26) BUSTER DOUGLAS DIRECTOR	3.00 1.00	X						0.	0.	0.
1b Subtotal								2,150,626.	0.	254,507.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,150,626.	0.	254,507.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 22

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FONTEVA 4420 N. FAIRFAX DRIVE, ARLINGTON, VA 22203	SYSTEM SOFTWARE DESIGN AND DEVELOPMENT	354,531.
LSC COMMUNICATION P.O. BOX 531840, ATLANTA, GA 30353	MAGAZINE PRINT/DISTRIBUTION	324,045.
CIAS ONE UTSA CIRCLE, SAN ANTONIO, TX 78249	COMPETITION SOFTWARE 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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	130,967.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,052,296.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,469,319.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			9,652,582.			
Program Service Revenue	2 a EVENT REVENUE	Business Code	900099	7,072,474.	7,072,474.		
	b MEMBERSHIP DUES & SUBS		900099	2,144,394.	2,144,394.		
	c PUBLICATIONS ADVERTISI		900099	1,190,907.	8,928.	1,181,979.	
	d CYBERPATRIOT REGISTRAT		541800	546,109.	546,109.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			10,953,884.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			579,842.		579,842.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			697,207.		697,207.	
	6 a Gross rents	6a	(i) Real	4,500.			
			(ii) Personal				
	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 assets other than inventory	7a	(i) Securities	52,184,358.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		48,088,394.			
c Gain or (loss)	7c		4,095,964.				
d Net gain or (loss)			4,095,964.		4,095,964.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	1,832.		1,832.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,832.			
12 Total revenue. See instructions			25,985,811.	9,771,905.	1,181,979.	5,379,345.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,250.	9,250.		
2 Grants and other assistance to domestic 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.
10 Payroll taxes	517,017.	416,954.	85,029.	15,034.
11 Fees for services (nonemployees):				
a Management				
b Legal	129,458.	83,825.	37,581.	8,052.
c Accounting	153,204.		153,204.	
d Lobbying				
e 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 O.)	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.	
24 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 O.)				
a MAGAZINE	679,495.	679,407.		88.
b OTHER EXPENSES	178,757.	123,076.	57,918.	-2,237.
c BAD DEBT	54,568.	8,651.	41,443.	4,474.
d TAXES AND FEES	33,625.	1,379.	22,481.	9,765.
e 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.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	273,190.	177,193.	29,024.	66,973.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,982,181.	1	6,665,100.
	2 Savings and temporary cash investments	335,066.	2	2,595,298.
	3 Pledges and grants receivable, net	703,328.	3	700,250.
	4 Accounts receivable, net	130,001.	4	680,982.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	72,377.	8	68,350.
	9 Prepaid expenses and deferred charges	290,187.	9	881,076.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,644,874.		
	b Less: accumulated depreciation	10b 1,778,876.		
	11 Investments - publicly traded securities	880,587.	10c	865,998.
	12 Investments - other securities. See Part IV, line 11	34,418,391.	11	34,679,186.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	33,890.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,846,008.	15	1,141,531.	
		16	48,277,771.	
Liabilities	17 Accounts payable and accrued expenses	1,875,483.	17	4,498,414.
	18 Grants payable		18	
	19 Deferred revenue	8,470,434.	19	7,516,854.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	3,883,313.	24	1,272,108.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,621,474.	25	5,505,710.
	26 Total liabilities. Add lines 17 through 25	23,850,704.	26	18,793,086.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,406,573.	27	23,892,180.
	28 Net assets with donor restrictions	4,588,731.	28	5,592,505.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,995,304.	32	29,484,685.
33 Total liabilities and net assets/fund balances	41,846,008.	33	48,277,771.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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	Net unrealized gains (losses) on investments	5	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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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 Consolidated basis Both consolidated and separate basis
- c** 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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 instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	14,423,189.	15,189,964.	17,356,386.	13,861,736.	19,424,487.	80,255,762.
7a 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.
8 Public support. (Subtract line 7c from line 6.)						80,255,762.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	14,423,189.	15,189,964.	17,356,386.	13,861,736.	19,424,487.	80,255,762.
10a 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	92.17 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	6.27 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

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

2021

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number

52-6043929

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Name of organization AIR FORCE ASSOCIATION	Employer identification number 52-6043929
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,227,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 763,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 301,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,343,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AIR FORCE ASSOCIATION	Employer identification number 52-6043929
---	--

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

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

Name of organization AIR FORCE ASSOCIATION	Employer identification number 52-6043929
---	--

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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.

Name of organization <p style="text-align: center;">AIR FORCE ASSOCIATION</p>	Employer identification number <p style="text-align: center;">52-6043929</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		141,000.													
c Total lobbying expenditures (add lines 1a and 1b)		141,000.													
d Other exempt purpose expenditures		17,778,363.													
e Total exempt purpose expenditures (add lines 1c and 1d)		17,919,363.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	968,606.	1,000,000.	879,822.	1,000,000.	3,848,428.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,772,642.
c Total lobbying expenditures				141,000.	141,000.
d Grassroots nontaxable amount	242,152.	250,000.	219,956.	250,000.	962,108.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,443,162.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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

2021

Open to Public Inspection

Name of the organization AIR FORCE ASSOCIATION **Employer identification number** 52-6043929

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,144,573.	1,929,792.	1,621,051.	1,793,441.	1,579,076.
b Contributions	3,149.	5,550.	7,175.	5,050.	6,100.
c Net investment earnings, gains, and losses	383,378.	277,500.	364,449.	-123,359.	267,178.
d Grants or scholarships	28,500.	24,500.	23,500.	21,000.	22,312.
e Other expenditures for facilities and programs					
f Administrative expenses	46,575.	43,769.	39,383.	33,081.	36,601.
g End of year balance	2,456,025.	2,144,573.	1,929,792.	1,621,051.	1,793,441.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 48.0000 %
 - c Term endowment 52.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,644,874.	1,778,876.	865,998.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				865,998.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	42,508.
(3) PENSION LIABILITY	5,408,986.
(4) 457F LIABILITY	54,216.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,505,710.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	29,132,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	209,328.
b	Donated services and use of facilities	2b	10,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,035,743.
e	Add lines 2a through 2d	2e	3,255,071.
3	Subtract line 2e from line 1	3	25,876,979.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,832.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	108,832.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,985,811.

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

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

1	Total expenses and losses per audited financial statements	1	17,837,807.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,832.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	108,832.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,936,639.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS WILL BE USED FOR SCHOLARSHIPS AND AWARDS AND IN ACCORDANCE

WITH THE WISHES OF THE DONOR.

PART X, LINE 2:

AFA IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVITIES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IT HAS BEEN

DETERMINED THAT AFA IS NOT A PRIVATE FOUNDATION AS IT MEETS THE

REQUIREMENTS OF BEING PUBLICLY SUPPORTED UNDER IRC SECTION 509(A)(2).

AIR FORCE ASSOCIATION (AFA) EVALUATED ITS TAX POSITION AND DETERMINED THAT

ITS POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION. THE

Part XIII Supplemental Information *(continued)*

AFA'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE

AND LOCAL AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN PENSION 3,035,743.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash 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)					

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DIRECTMAIL.COM

(I) ADDRESS OF FUNDRAISER: 5351 KETCH ROAD, PRINCE FREDERICK, MD 20678

(I) NAME OF FUNDRAISER: LYNCH PINNACLE

(I) ADDRESS OF FUNDRAISER:

5425 WISCONSIN AVENUE, SUITE 600, CHEVY CHASE, MD 20815

Part IV Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

AIR FORCE ASSOCIATION (AFA) PAID PROFESSIONAL FUNDRAISERS FOR
PROFESSIONAL FUNDRAISING SERVICES AND ADMINISTRATIVE FEES.

SCHEDULE G PART I LINE 2B

AMOUNTS PAID TO FUNDRAISER LISTED FOR DIRECTMAIL.COM INCLUDES ALL
AMOUNTS PAID TO THE FUNDRAISER. CONVERSLY, THE AMOUNTS ARE BROKEN OUT
INTO THEIR NATURAL CLASSIFICATION IN THE 990 PART IX. THEREFORE, THE
AMOUNTS REPORTED IN SCHEDULE G PART I LINE 2B WILL NOT DIRECTLY AGREE
TO THE AMOUNT ON 990 PART IX LINE 11E WHICH INCLUDES ONLY THE
PROFESSIONAL SERVICES AND EXCLUDES PRINTING AND ANCILLARY COSTS
REPORTED IN THEIR RELEVANT NATURAL CLASSIFICATION ON 990 PART IX.

**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.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **AIR FORCE ASSOCIATION** Employer identification number **52-6043929**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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	501(C)(3)	9,250.	0.	N/A	N/A	PROVIDES GRANTS TO CIVIL AIR PATROL UNITS TO ENHANCE AEROSPACE EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2021

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.

(a) Type of grant or assistance	(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
AEROSPACE EDUCATION SCHOLARSHIPS	29	100,500.	0.		
PITSENBARGER	57	28,500.	0.		
AF JUNIOR ROTC GRANT	57	14,250.	0.		
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.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(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
STELLARXPLOERS SCHOLARSHIPS	49.	41,500.	0.		
CYBERPATRIOT	35.	53,000.	0.		
WOUNDED AIRMAN PROGRAM	4.	2,562.	0.		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: AIR FORCE ASSOCIATION
 Employer identification number: 52-6043929

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b	X	
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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

BONUSES TO STAFF, AT THE PRESIDENT'S DISCRETION. PART OF THE PERFORMANCE

EVALUATION FOR THE BONUSES INCLUDES REVENUE GENERATION.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STEVE LUNDGREN	NATIONAL TREASURER	1,343,266.	LOAN TO ORG		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEVE LUNDGREN

(D) DESCRIPTION OF TRANSACTION: LOAN TO ORGANIZATION

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

PRESIDENT OF BANK THAT ISSUED PPP LOAN TO AFA. THE LOAN HAS SINCE BEEN

FORGIVEN BY SBA.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number

52-6043929

FORM 990, PART III, 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

STELLARXPLORES 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. MEMBERS

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

LEVELS. THESE FIELD LEADERS ARE THE GOVERNING BODY OF AFA.

EXPENSES \$ 1,465,370. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,144,394.

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

132211 11-11-21

Name of the organization AIR FORCE ASSOCIATION	Employer identification number 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.

Name of the organization AIR FORCE ASSOCIATION	Employer identification number 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.

Name of the organization AIR FORCE ASSOCIATION	Employer identification number 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.

Name of the organization AIR FORCE ASSOCIATION	Employer identification number 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 0.

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)**

Department of the Treasury
Internal Revenue Service

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.

▶ 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 **AIR FORCE ASSOCIATION** Employer identification number **52-6043929**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AFA TITLE HOLDING COMPANY - 84-2095604 1501 LANGSTON BOULEVARD, SUITE 400 ARLINGTON, VA 22204	HOLDS TITLE OF AFA BUILDING	VIRGINIA	501(C)(2)		AIR FORCE ASSOCIATION	X	

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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	K	190,165.	COST
(4) THC TITLE HOLDING COMPANY	L	1,752.	COST
(5)			
(6)			

Type and Entity: CONTRIBUTION - 50% CASH FED **DETAIL CARRYOVER SCHEDULE**
 Section 382 Annual Limitation Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover									
			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 2016	150,513.											
B 2017	86,841.											
C 2018	22,996.											
D 2019	12,500.											
E 2020	9,616.											
F 2021	9,250.											
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	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	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Form **990-W**
(Worksheet)

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

OMB No. 1545-0047

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

Department of the Treasury
Internal Revenue Service

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

2022

1	Unrelated business taxable income expected in the tax year		1
2	Tax on the amount on line 1. See instructions for tax computation		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
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c		10c

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11			
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			
14	Payment due (Subtract line 13 from line 12)	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)