Form	9	9	0
Departm	nent of	f the	Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

0 Open to Public

6

OMB No. 1545-0047

nspection

	I Revenue Ser				about Form 9	990 and its				v/form9	990.			nspecti	on
A Fo	or the 201	9 calenda	r year, or t	ax year beg	inning		, 2019), and e	nding				, 2		
B		C Name of	organization							DE	mployer ic	lentific	cation nun	ıber	
D Che	ck if applicable:	AIR I	FORCE AC	ADEMY FOU	JNDATION										
	Address change	Doing Bu	siness As							2	6-053	7053	3		
	Name change	Number	and street (or I	P.O. box if mail i	s not delivered to	street addres	s)	Room/si	uite	ΕTe	elephone r	number	r		
	Initial return		-	DRIVE RO						(71	.9) 47	/2-0	300		
	Terminated	City or to	wn, state or pi	rovince, country	and ZIP or foreig	gn postal code									
	Amended return	USAF	ACADEMY	, CO 8084	10					G G	ross receip	ots \$	35	,539	,888.
	Application pending	F Name ar	nd address of p	rincipal officer:	MICHAE	EL C. GO	DULD				Is this a gro subordinate		rn for	Yes	X No
		3116	ACADEMY	DRIVE SU	JITE 200,	USAF A	CADEMY,	CO 8	0840		Are all subor		ncluded?	Yes	No
I Ta	ax-exempt s	tatus: X	501(c)(3)	501(c) () ┥ (inse	ert no.)	4947(a)(1)	or	527		If "No," atta	ach a list	t. (see instru	ctions)	
JW	/ebsite: 🕨	WWW.AF	ACADEMYF	OUNDATIO	N.ORG					H(c)	Group exen	nption n	umber 🕨		
K F	orm of orga	nization: X	Corporation	Trust	Association	Other 🕨		LY	ear of form	ation: 2	007 M	State	of legal do	omicile:	DE
Pa		Immary													
					or most signific							ERP	ETUAL		
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nar	THE	IR PERN	IANENCY A	AND EFFIC	ACY IN AC	CORDAN	CE WITH	THE 1	DONORS	' IN'	FENT.				
Governance		k this box		0	discontinued i	•	•					ts.			
ğ					g body (Part VI							3			56.
s S					the governing							4			55.
/itie	5 Total	number of	individuals er	mployed in ca	lendar year 201	19 (Part V, li	ne 2a)					5			41.
Activities			,	stimate if nece								6			1.
◄					VIII, column (C							7a			0
	b Net u	inrelated bu	siness taxab	le income fron	n Form 990-T, I	ine 34 🔒 🔒			<u></u>			7b			0
											or Year			rent Y	
e	8 Contr	ributions and	dgrants (Part	VIII, line 1h)			COP	Y FOR		27,	164,3		29	,932	2,806
Revenue	9 Progr	ram service	revenue (Part	t VIII, line 2g)	a = 2 4 and 7			NSPECT				0.			0
Re	i inves		ne (Fait viii,	COlumn (A), in	ies 5, 4, anu 70	J)				⊥,	028,7				5,863
					5, 6d, 8c, 9c, 10					0.0	3,0				3,012
					st equal Part VI						196,1				L,681
					olumn (A), lines					6,	046,2		5	,114	4,535
					umn (A), line 4							0.		- 760	0
ses					nefits (Part IX, o						507,4		3	-	9,218
Expenses	16a Profe	essional fun	draising fees ((Part IX, colum	nn (A), line 11e)		010 100		••		159,5	59.		130	5,128
Ä	b Total	fundraising	expenses (P	art IX, column	(D), line 25) 🕨	<u> </u>	213,103	·		1	020 4	70	1	0.45	7 070
					1a-11d, 11f-24				••		032,4			-	7,078 5,959
		•		· ·	al Part IX, colur				••	- 1	450,3			,	1,722
- 9	19 Reve	nue less ex	penses. Subt	ract line 18 fro	m line 12						f Current				
ance	0 T-+		()()(Deg	-	121,34			d of Yea	2,134
Net Assets or Fund Balances	20 lotal							• • • •	••		943,8				4,211
lnd	21 Iotal	`	Part X, line 26)		1 factor line 00			• • • •	· ·		177,5				7,923
		gnature B		Subtract line 2	1 from line 20					14,	111,5	50.		, , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Par		-		ave examined	his return, includ	ding accomp	anving sched	ules and a	statemente	and to	the hest c	of my l	nowledge	and h	
true,	correct, and	l complete. D	eclaration of pr	eparer (other th	an officer) is base	ed on all infor	mation of wh	ich prepa	er has any	knowled	ge.	/ IIIy F	liowiedge		
											08/0	15/2	020		
Sign		Signature o	f officer								Date	572	020		
Here) (DENNIS	W. SCRUC	GS			CFO								
			it name and title				010								
	Print	/Type prepar			Preparer's sig	nature		Date			Check	if F	PTIN		
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Prepa	arer			N KAST R	YAN & CO,			**	, 20		s EIN 🕨		150958		
Use (Jniy ⊢				SUITE 400 CC		TNGS CO S			Phone			-630-2		
Mav t					wn above? (see									'es	No
					ate instructions						<u></u>	<u></u>			0 (2019)

For	rm 990 (2019)	Page 2
Ρ	art 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:	
	TO DEVELOP AND SECURE DONATED GIFTS TO SUPPORT THE MISSION OF THE	
	UNITED STATES AIR FORCE ACADEMY; TO PROVIDE EFFICIENT AND PERPETUAL	
	STEWARDSHIP OF DONATED GIFTS TO ENSURE PERMANENCY AND EFFICIENCY IN	
_	ACCORDANCE WITH DONOR INTENT; (SCHEDULE O FOR CONTINUATION)	
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 [If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4,730,698. including grants of \$4,224,094.) (Revenue \$) SUPPORT FOR ACADEMIC, ATHLETIC AND CHARACTER AND LEADERSHIP	
	DEVELOPMENT PROGRAMS OF THE UNITED STATES AIR FORCE ACADEMY IN	
	COLORADO SPRINGS, COLORADO.	
4b	(Code:) (Expenses \$ 890,441. including grants of \$ 890,441.) (Revenue \$)	
	DIRECT SUPPORT FOR GRADUATE PROGRAMS OF THE ASSOCIATION OF GRADUATES OF THE UNITED STATES AIR FORCE ACADEMY (THE "AOG"),	
	INCLUDING INDIRECT SUPPORT OF THE AOG'S ACADEMIC, ATHLETIC AND	
	CHARACTER AND LEADERSHIP DEVELOPMENT PROGRAMS OF THE UNITED STATES	
	AIR FORCE ACADEMY IN COLORADO SPRINGS, COLORADO.	
	AIR FORCE ACADEMI IN COLORADO SPRINGS, COLORADO.	
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	,(*******************************	
4d	I Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,621,139.	0
	Form 990	U (2019)

	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	–		
,	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
)	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
		10		
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
,		15		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		v	
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X	
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
Da	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or]		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
A				(201

Page 3

Form **990** (2019) PAGE 5

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27. If "Nex" complete Schedule I, Part I VII, Section A, line 3, 4, or 5 about compensation of the organization area tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," <i>canewor</i> line 24, through 24d and complete Schedule K If "Ne," go to fine 26a. 24a 24a Did the organization area tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," <i>canewor</i> line 24b through 24d and complete Schedule K If "Ne," go to fine 26a. 24a 25 Did the organization invest any proceeds of tax-exempt bonds buyond a tempotary period exception? 24a 26 Did the organization invest an 'on behalf of' issuer for bonds outstanding at any time during the year 24d 26 Did the organization area an 'on behalf of' issuer for bonds outstanding at any time during the year 24d 26 Did the organization area an 'on behalf of' issuer for bonds outstanding at any time during the year 24d 26 Did the organization expection has not been reported on any of the organization expective has an 'on behalf of' issuer for bonds outstanding at any time during the year 24d 26 Z X 25b X 27 M'yes, 'complete Schedule L, Part I. 27c<	Part	V Checklist of Required Schedules (continued)			
Part IX, column (A), Im 27 II "Yes," complete Schedule / Parts 1 and II 22 X 21 Did the organization answer Yes' to Parts (VII, Bertion A, line 3, 4, or 5 about compensation of the organizations's current and former officers, directors, trustees, key employees, and highest components and the stat day of the year, that was issued after December 31, 2002? If "Yes," answer line 2 db through 24d and complete Schedule A, II No. 'go to line 22a 24a				Yes	No
23 Did the organization answer Yes' to Part VII, Section A, Iire 3, 4, or 5 about compensation of the organization's current and former officers, directors, truttens, key employee, and highest compensated employees? If 'Yes' complets Schedule J. 23 X 24 Did the organization area ta tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes' answer inse 24b 24a X X X Did the organization invest any proceeds of tax-exempt bonds bayond atemporary period acception? 24a X 25a Ded the organization invest any proceeds of tax-exempt bonds outstanding a any time during the year in disease any tax-sompt bonds? 24d 24d 25a Section 501(b)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization ange in an access bendit transaction with a degualified person during the year? 24d 25a X 25a Did the organization axer tax lengagion an excloss bondit transaction with a degualified person in a prior year, and that the transaction tax not mexics bendit transaction with a degualified person in a prior year, and that the transaction tax not been reported or any of the organization and controller. Statistical contributor, or 35% controlled antity (including an employee creator or founder, substantial contributor, or 35% controlled antity (including an employee thereoi) or fauset, a grant selection committee member or an anditional particle transaction with an ediparatile person any of these persons? If 'Yes', complete Schedule L, Part I, X	22		22	v	
argainzation's current and former officient, directors, trustees, key employees, and highest compensated angolyces? If "Ves' complete Schedule 1, 41 was issued after Docember 31, 2002? If "Ves', answer lines 246 through 24d and complete Schedule K If "No," go to fine 25a. 24a 24a <t< td=""><td>22</td><td></td><td>22</td><td>A</td><td></td></t<>	22		22	A	
a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 23 X 44 Did the organization news a tax-exempt bond issue with an outstanding principal amount of more than 24 24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24 c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24 d Did the organization act as an "on bean reported on any of the organization expects benefit transaction with a disqualified person in a pring" year, and that the transaction any anount on Part X. Ine 5 or 22, for creeivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 37% controlled entity (including an engloyee thereol) or family member of any of these parsons? If "Yes," complete Schedule L, Part II. 28 X 27 M Did the organization act and the constantion, and exceptions? 38 A 35% controlled entity (including an employee	23	•			
24.0 Urble organization have a tax-exampt bond issue with an outstanding principal amount of more than 24.0 Urble 25.0 Urble 27.0 Urble			23	х	
S100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer fines 24b day A No Did the organization invest any proceeds of tax-exempt bonds beyond temporary period exception? 24b C Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization aveat that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprint for forms 990 or 900-E27 11 "Yes," complete Schedule L, Part I. 25a X 25 Did the organization aveat that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction approximation provide grant or three sastiance to any current of romer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35m, controlled entity (including an employee thereol) or family member of any of these persons? II "Yes," complete Schedule L, Part II. 26 X 27 X 28 Was the organization revort more that substantial contributor? II 27 X 29 Did the organization review end	24 a		23		
through 24d and complete Schedule K /f Wo, "go to line 25a. 24a 24b b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24b c Did the organization act as an "on behalt Of "issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angege in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Part of home on a protein any process during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Part of home on symbol or 900 or 990-E27 7 Yes, "complete Schedule L, Part I. 25b Section 2000 or ganization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If "Yes, "complete Schedule L, Part I. 25 27 Was the organization approximation controlled on the following parties (see Schedule L, Part IV. 26 X 28 Was the organization approximation or mark set in party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 X 29 Was the organization approximation set or mark set in the organization member of any of these persons? 29 X 29 Did the organization approximation set or	24a				
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d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?	U		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Program Line meases benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 900 or 900-E27. If a section 501(c)(3), 501(c)(4), and the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900-E27. If a section 501(c)(3), 501(c)(4), and the transaction with a disqualified person in a prior year, and that the transaction non-park 1, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of these persons? If "Yes," complete Schedule L, Part II. 256 X 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior years is controlled entity or or tounder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 26 X 28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part I 30 X <	Ь				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a X b Is the organization averue that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 25b X 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity of raming member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization approvale schedule L, Part II. 27 X 28 Was the organization approvale schedule L, Part II. 27 X 29 Was the organization approvale schedule L, Part IV. 28 X 24 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization accel metry of an applicable filling thresholds, conditions, and exceptions): 28b X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28b X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X			240		
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II,	20				
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "%s," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III). 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV). 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "%es," complete Schedule L, Part IV. 28 X 29 Did the organization receive more than \$25,000 in non-cash contributors? If "Yes," complete Schedule M. 29 X 30 Did the organization flow contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 X 31 Did the organization inguidate, terminate, or disorve and cease operations? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or II. 31 X 33 Did the organization neelwe controlled entity within the meaning of section 512(b)(13)? 35a X <t< td=""><td></td><td></td><td>26</td><td></td><td>x</td></t<>			26		x
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persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV, Part IV for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV. 28a X 28 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 28c X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 33 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 34 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 35 Did the organization own 100% of an entity disreg					
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Jine 2. 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Yes, " complete Schedule O contains a response or note to any line in this Part V 38 X 1a 31 1b 0. 1c JSA USA	b				
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9E1030 2.000	194	reportable gaming (gambling) winnings to prize winners?		0000	
	9E1030		Form		

Form 990 (2019)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			r-
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (201	AIR FORCE ACADEMY FOUNDATION	26-0537	053	F	Page 6
Part	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 th				
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI				tions.
Sect	ion A	Governing Body and Management	<u></u>			_ A
000					Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a 56			
.u	If the	e are material differences in voting rights among members of the governing body, or				
	if the	governing body delegated broad authority to an executive committee or similar ittee, explain on Schedule O.				
b		the number of voting members included on line 1a, above, who are independent	1b 55			
2	Did a	ny officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
		her officer, director, trustee, or key employee?		2	Х	
3		e organization delegate control over management duties customarily performed by or ur				37
	-	<i>v</i> ision of officers, directors, trustees, or key employees to a management company or other p		3	X	Х
4		organization make any significant changes to its governing documents since the prior Form 990 was fi		4 5	Λ	X
5		e organization become aware during the year of a significant diversion of the organization's a		5 6		X
6 7-		e organization have members or stockholders?		0		
7a		e organization have members, stockholders, or other persons who had the power to el		7a		x
Ь		more members of the governing body?				
b		holders, or persons other than the governing body?	• •	7b		х
8		e organization contemporaneously document the meetings held or written actions under				
•		ar by the following:	shakon during			
а	-	overning body?		8a	Х	
b		committee with authority to act on behalf of the governing body?		8b	Х	
9	Is the	e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Secti	on B.	Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code	.) Yes	No
				40-	res	X
		e organization have local chapters, branches, or affiliates?		10a		л
b		s," did the organization have written policies and procedures governing the activities of	-	10b		
110		es, and branches to ensure their operations are consistent with the organization's exempt pu	-	11a	Х	
11a b		e organization provided a complete copy of this Form 990 to all members of its governing body before fi ibe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the form?	· · · u		
12a		e organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b		officers, directors, or trustees, and key employees required to disclose annually interests t				
~		conflicts?	•	12b	Х	
с		e organization regularly and consistently monitor and enforce compliance with the p				
		be in Schedule O how this was done	•	12c	Х	
13	Did th	e organization have a written whistleblower policy?		13	Х	
14		e organization have a written document retention and destruction policy?		14	Х	
15	Did th	e process for determining compensation of the following persons include a review ar	id approval by			
	•	endent persons, comparability data, and contemporaneous substantiation of the deliberation			37	
а		ganization's CEO, Executive Director, or top management official		15a	X	
b		officers or key employees of the organization		15b	Х	
		" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		e organization invest in, contribute assets to, or participate in a joint venture or simila	•	16a		х
h		taxable entity during the year?		100		
D		pation in joint venture arrangements under applicable federal tax law, and take steps to				
		zation's exempt status with respect to such arrangements?		16b		
Secti		Disclosure				
17		e states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE O				
18	Sectio	n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990, and 990-T	(Sec	tion 5	01(c)
	<u>(3)s</u> o	nly) available for public inspection. Indicate how you made these available. Check all that ap Dwn website X Another's website X Upon request X Other <i>(explain on Sc</i>	ply.	,		
19	Descr	ibe on Schedule O whether (and if so, how) the organization made its governing docun	nents, conflict o	f inter	est p	olicy,
		nancial 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 the scruggs, cfo 3116 ACADEMY DRIVE, SUITE 200 USAF ACADEMY, CO 80840 719-472-0300	books and record	s 🕨		
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Page	• 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

(**a**)

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

(A) (B) Position (B) (B					(0	C)					
Number of the section of the section and sectin and section and section an	(A)	(B)			Pos	sition			(D)	(E)	(F)
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FORMER VICE PRES, DEVELOPMENT 0. X 264,370. 0. 37,873. (3) DENNIS W SCRUGGS 40.00 X 162,318. 0. 33,216. (4) GREGORY C KNEDLER 40.00 X 137,172. 0. 39,266. (5) JERMAINE JOHNSON 40.00 X 118,345. 0. 30,075. (6) CHRISTOPHER BREWER 40.00 X 123,091. 0. 20,928. (7) JACK N KUCERA 16.00 X 0.	DIRECTOR/PRESIDENT/CEO	0.	X		Х				291,850.	0.	34,416.
(3) DENNIS W SCRUGGS 40.00 X 162,318. 0.33,216. (4) GREGORY C KNEDLER 40.00 X 162,318. 0.33,216. (4) GREGORY C KNEDLER 40.00 X 137,172. 0.39,266. (5) JERMAINE JOHNSON 40.00 X 118,345. 0.30,075. (6) CHRISTOPHER BREWER 40.00 X 123,091. 0.20,928. (7) JACK N KUCERA 16.00 X X 0.0. 0. CHAIR 0. X X 0.0. 0. 0. (7) JACK N KUCERA 16.00 X X 0.0. 0. 0. CHAIR 0. X X 0.0. 0. 0. 0. (7) JACK N KUCERA 16.00 X X 0.0. 0. 0. CHAIR 0. X X 0.0. 0. 0. 0. SECRETARY 0. X X 0.0. 0. 0. 0. TREASURER 0.	(2) JENNIFER BATEMAN	40.00									
CHIEF FINANCIAL OFFICER 0. X 162,318. 0. 33,216. (4) GREGORY C KNEDLER 40.00 X 137,172. 0. 39,266. (5) JERMAINE JOHNSON 40.00 X 118,345. 0. 30,075. (6) CHRISTOPHER BREWER 40.00 X 118,345. 0. 20,075. (7) JACK N KUCERA 160.00 X 123,091. 0. 20,928. (7) JACK N KUCERA 16.00 X X 0. 0. 0. CHAIR 0. X X 0.	FORMER VICE PRES, DEVELOPMENT	0.			Х				264,370.	0.	37,873.
(4) GREGORY C KNEDLER 40.00 x 137,172. 0. 39,266. (5) JERMAINE JOHNSON 40.00 x 118,345. 0. 30,075. (6) CHRISTOPHER BREWER 40.00 x 118,345. 0. 30,075. (6) CHRISTOPHER BREWER 40.00 x 123,091. 0. 20,928. (7) JACK N KUCERA 16.00 x x 0. 0. 0. (7) JACK N KUCERA 0. x x 0. 0. 0. (7) JACK N KUCERA 0. x x 0. 0. 0. (7) JACK N KUCERA 0. x x 0. 0. 0. (7) JACK N KUCERA 0. x x 0. 0. 0. (7) JACK N KUCERA 0. x x 0. 0. 0. (9) JEROME V BRUNI 8.00 x x 0. 0. 0. (10) TERRANCE M DRABANT 8.00 x x 0. 0.	(3) DENNIS W SCRUGGS	40.00									
ASSOC VICE PRES, DEVELOPMENT S 0. x 137,172. 0. 39,266. (5) JERMAINE JOHNSON 40.00 x 118,345. 0. 30,075. ASSOC VICE PRES, MARKETING, CO 0. x 118,345. 0. 30,075. (6) CHRISTOPHER BREWER 40.00 x 123,091. 0. 20,928. (7) JACK N KUCERA 16.00 x x 0. 0. 0. CHAIR 0. x x 0. 0. 0. 0. SECRETARY 0. x x 0. 0. 0. 0. (9) JEROME V BRUNI 8.00 x x 0. 0. 0. TREASURER 0. x x 0. 0. 0. (10) TERRANCE M DRABANT 8.00 x x 0. 0. 0. EXECUTIVE COMM 0. x x 0. 0. 0. 0. (11) TERRANCE M DRABANT 8.00 x <t< td=""><td>CHIEF FINANCIAL OFFICER</td><td>0.</td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>162,318.</td><td>0.</td><td>33,216.</td></t<>	CHIEF FINANCIAL OFFICER	0.			Х				162,318.	0.	33,216.
(5) JERMAINE JOHNSON 40.00 x 118,345. 0. 30,075. (6) CHRISTOPHER BREWER 40.00 x 118,345. 0. 30,075. ASSOC VICE PRESIDENT, DEVELOPM 0. x 123,091. 0. 20,928. (7) JACK N KUCERA 16.00 x x 0. 0. 0. CHAIR 0. x x 0. 0. 0. 0. (7) JACK N KUCERA 16.00 x x 0. 0. 0. 0. (7) JACK N KUCERA 16.00 x x 0. 0. 0. 0. (7) JACK N KUCERA 0. x x 0. <td>(4) GREGORY C KNEDLER</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) GREGORY C KNEDLER	40.00									
ASSOC VICE PRES, MARKETING, CO X 118,345. 0. 30,075. (6)CHRISTOPHER BREWER 40.00 X 123,091. 0. 20,928. (7)JACK N KUCERA 16.00 X X 0.	ASSOC VICE PRES, DEVELOPMENT S	0.			Х				137,172.	0.	39,266.
(6) CHRISTOPHER BREWER 40.00 x 123,091. 0. 20,928. (7) JACK N KUCERA 16.00 x x 0. 0. 0. 0. 0. 0. 0. 20,928. (7) JACK N KUCERA 16.00 x x 0.	(5) JERMAINE JOHNSON	40.00									
ASSOC VICE PRESIDENT, DEVELOPM 0. X 123,091. 0. 20,928. (7) JACK N KUCERA 16.00 X X 0. 0. 0. CHAIR 0. X X 0. 0. 0. 0. (7) JACK N KUCERA 16.00 X X 0. 0. 0. 0. CHAIR 0. X X 0. 0. 0. 0. (8) APRIL S FITZGERALD 8.00 X X 0. 0. 0. (9) JEROME V BRUNI 8.00 X X 0. 0. 0. TREASURER 0. X X 0. 0. 0. (10) TERRANCE M DRABANT 8.00 X X 0. 0. 0. EXECUTIVE COMM 0. X X 0. 0. 0. [11] TERRENCE O ' DONNELL 8.00 X X 0. 0. 0. EXECUTIVE COMM 0. X		0.			Х				118,345.	0.	30,075.
(7) JACK N KUCERA 16.00 x x 0.	(6) CHRISTOPHER BREWER	40.00									
CHAIR 0. X X 0.	ASSOC VICE PRESIDENT, DEVELOPM	0.			Х				123,091.	0.	20,928.
(8) APRIL S FITZGERALD 8.00 x x 0.<	(7) JACK N KUCERA	16.00									
SECRETARY 0. X X X 0. <th< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х		Х				0.	0.	0.
(9) JEROME V BRUNI 8.00 x x x 0.	(8) APRIL S FITZGERALD	8.00									
TREASURER 0. X X 0.		0.	Х		Х				0.	0.	0.
(10) TERRANCE M DRABANT 8.00 x x 0. 0. 0. 0. EXECUTIVE COMM 0. x x 0.<	(9) JEROME V BRUNI	8.00									
EXECUTIVE COMM 0. x x 0.	TREASURER	0.	Х		Х				0.	0.	0.
(11) TERRENCE O'DONNELL 8.00 x x 0. 0. 0. 0. EXECUTIVE COMM 0. x x 0.<	(10) TERRANCE M DRABANT	8.00									
EXECUTIVE COMM 0. x x 0.			Х		Х				0.	0.	0.
(12) R DAVID YOST 8.00 X X 0.	(11) TERRENCE O'DONNELL	8.00									
EXECUTIVE COMM 0. X X 0.		0.	Х		Х				0.	0.	0.
(13) WILLIAM CLOHAN 2.00 0. </td <td>(12)^R DAVID YOST</td> <td>8.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(12) ^R DAVID YOST	8.00									
DIRECTOR 0. X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х		Х				0.	0.	0.
(14) LESLIE G DENEND 2.00	(13) WILLIAM CLOHAN	2.00									
			X						0.	0.	0.
DIRECTOR 0. X 0. 0. 0. 0.	(14) LESLIE G DENEND	2.00									
	DIRECTOR	0.	Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week (list any hours for	Average hours per week (list any hours for Position week (list any hours for (do not check more than o box, unless person is both officer and a director/truster						(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	iC)	from the organization and related organizations
) RALPH E EBERHART	2.00										
DIRECTOR	0.	Х						0.		0.	
) LEONARD EKMAN	2.00	37									
DIRECTOR) JOHN M FOX	0.	X						0.		0.	
) JOHN M FOX DIRECTOR	2.00	x						0.		o.	
) JEFFREY M FRIENT	0.	А						0.	•		
DIRECTOR	0.	x						0.		o.	
) TIMOTHY J FYDA	2.00									-	
DIRECTOR	0.	х						0.		o.	
) ALEXANDER P GILBERT	2.00										
DIRECTOR	0.	Х						0.		0.	
) BRIAN C GORNICK	2.00										
DIRECTOR	0.	Х						0.		0.	
) A BART HOLADAY	2.00										
DIRECTOR	0.	X						0.	•	0.	
) BRAD HOSMER	2.00	37						0			
DIRECTOR) MAX F JAMES	0.	X						0.	•	0.	
DIRECTOR	0.	x						0.		o.	
) EDWARD R JAYNE II	2.00								•		
DIRECTOR	0.	x						0.		o.	
b Sub-total	l						►	1,097,146.		0.	195,77
c Total from continuation sheets to Pa	rt VII, Section A							0.		0.	
d Total (add lines 1b and 1c)								1,097,146.		0.	195,77
Total number of individuals (including		nose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the org	anization 🕨	6	5								
										ſ	Yes N
Did the organization list any form											
employee on line 1a? If "Yes," complet										1	3
For any individual listed on line 1a,	is the sum of rep	ortab	ole c	com	pen	sation	n ar	nd other compens	sation from the		
organization and related organizat individual											4 X
Did any person listed on line 1a rec											-
for services rendered to the organization											5
ection B. Independent Contractors											
Complete this table for your five high											tev
compensation from the organization. year.	Report compensation	on tor	the	ca	ienc	ar yea	ar e	enaing with or with	iin the organiz	ation's	ax
(A								(D)			(C)
۲) Name and bus								(B) Description of se	rvices	Cor	npensation
TTACHMENT 1											

Form	990	(2019)
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(A) Name and title	(B) Average hours per week (list any hours for	rage Position s per (do not check more than or list any box, unless person is both officer and a director/trust					an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	n from	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-№	AISC)	from the organization and related organizations
6) PAUL G KAMINSKI	2.00										
DIRECTOR	0.	X						0.	•	0.	
7) JONATHAN M KEYSER DIRECTOR	2.00	v						0		0.	
8) J SCOTT KIRBY	2.00	X						0.	•	0.	
DIRECTOR	2.00	x						0.		0.	
9) MATTHEW KUTA	2.00								•		
DIRECTOR	0.	х						0.		0.	
0) H MICHAEL LAMBERT	2.00										
DIRECTOR	0.	x						0.		0.	
1) P MICHAEL LEAHY	2.00										
DIRECTOR	0.	Х						0.	•	0.	
2) EDWARD E LEGASEY	2.00										
DIRECTOR	0.	Х						0.	•	0.	
3) STEPHEN R LORENZ	2.00										
DIRECTOR	0.	X						0.	•	0.	
4) EUGENE LUPIA DIRECTOR	2.00	v						0		0.	
5) STEVE MACLEOD	2.00	X						0.	•	0.	
DIRECTOR	0.	x						0.		0.	
6) PAUL S MADERA	2.00	А						0.	•	0.	
DIRECTOR	0.	x						0.		0.	
1b Sub-total								0.		0.	
c Total from continuation sheets to Part	VII, Section A		•••	•••	•••						
d Total (add lines 1b and 1c)											
2 Total number of individuals (including bu	t not limited to t			d at	bove	e) who	o re	ceived more than	\$100,000 of	:	
reportable compensation from the organi	zation 🕨	6	5								
											Yes
3 Did the organization list any former											
employee on line 1a? If "Yes," complete S											3
4 For any individual listed on line 1a, is	the sum of rep	ortab	le c	om	pen	sation	ar "	nd other compens	sation from t	the	
organization and related organization individual											4 X
5 Did any person listed on line 1a receiv											
for services rendered to the organization?											5
Section B. Independent Contractors	.,									- 1	I
1 Complete this table for your five highest	compensated in	ndepe	ende	ent d	cont	ractor	rs tl	hat received more	e than \$100,0	000 of	
	port compensati	on for	the	cal	lend	lar yea	ar e	nding with or with	nin the organ	ization's	s tax
compensation from the organization. Re year.								(B)			(C)
	ss address							Description of se	ervices	Cor	npensation
year. (A)	ss address							Description of se	ervices	Cor	npensation
year. (A)	ss address							Description of se	ervices	Cor	npensation
year. (A)	ss address							Description of se		Cor	npensation

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(A) Name and title	(B) Average hours per week (list any hours for related	ge Position (do not check more than of st any for officer and a director/trust				is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	from ns	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	organization and related organizations
) SARAH J MARSHALL	2.00							0		0	
DIRECTOR) JOHN W MARTIN	0.	X						0.	•	0.	
DIRECTOR	2.00	x						0		0.	
) JOHN H MARTINSON	2.00							0.	•	0.	
DIRECTOR	0.	x						0		0.	
) RICHARD D MCCONN	2.00										
DIRECTOR	0.	x						0		0.	
) GILBERT D MOOK	2.00										
DIRECTOR	0.	Х						0		0.	
) JOHN F OLIVE	2.00										
DIRECTOR	0.	X						0.	•	0.	
) HARRY J PEARCE	2.00	_									
DIRECTOR	0.	X		<u> </u>				0.	•	0.	
) CHARLES E PHILLIPS JR	2.00	37						0			
DIRECTOR) GREGG C POPOVICH	0.	X						0.	•	0.	
DIRECTOR	2.00	x						0		0.	
) EDWARD G REISDORF	2.00	- 22		-				0.	•	<u> </u>	
DIRECTOR	0.	x						0		0.	
) ERVIN J ROKKE	2.00										
DIRECTOR	0.	x						0		0.	
b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)						· · ·		0.		0.	
Total number of individuals (including but r reportable compensation from the organiza Did the organization list any former of employee on line 1a? <i>If "Yes," complete Sch</i>	ntion ►	er, or	5 tru	uste	e,	key e	mp	loyee, or highes	t compensat		Yes M
For any individual listed on line 1a, is the organization and related organizations individual	greater than or accrue co	\$15 mpen	50,0 sati	00? on f	<i>f</i> ron	<i>"Yes</i> n any	," (uni	complete Schedu related organizatio	le J for su	ch ıal	4 X
for services rendered to the organization? In ection B. Independent Contractors	f "Yes," comple	te Scł	nedu	ıle J	l for	such	per	son	<u></u>	•	5
Complete this table for your five highest c	ompensated in	ndena	ande	ent 4	COn	tracto	rs t	hat received more	than \$100 (00 of	
compensation from the organization. Repo											
(A) Name and business	address							(B) Description of se	ervices	Co	(C) ompensation

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(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per sek (list any hours for officer and a director/tru					an ee)	from the	(E) Reportable compensation fro related organizations	5	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from the organization and related organizations
) MICHAEL P ROSS	2.00							0		_	
DIRECTOR	0.	X						0.	•	0.	
) PAUL ROSSETTI DIRECTOR	2.00	x						0.		o.	
) RICHARD T SCHLOSBERG III	2.00							0.	•	0.	
DIRECTOR		x						0.		o.	
) DANIEL SCHNEPF	2.00										
DIRECTOR	0.	x						0.		0.	
) THOMAS A STEIN	2.00										
DIRECTOR	0.	х						0.		0.	
) WILLIAM E WECKER	2.00										
DIRECTOR	0.	х						0.		0.	
) MARK A WELSH	2.00										
DIRECTOR	0.	Х						0.	•	0.	
) WAYNE WHALEN	2.00]								
DIRECTOR	0.	X						0.		0.	
) HUGH H WILLIAMSON	2.00										
DIRECTOR	0.	Х			<u> </u>			0.	•	0.	
) DANA H BORN	2.00	_									
DIRECTOR	0.	X						0.	•	0.	
) JOHN D CHILDS	2.00	v						_			
DIRECTOR	υ.	X						0.	•	0.	
b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c) Total number of individuals (including but n					bove	e) who		ceived more than	\$100.000 of		
Did the organization list any former o employee on line 1a? If "Yes," complete Sch	tion ► fficer, directo	er, or	5 tru	iste	e,	key e	mp	loyee, or highes	t compensate		Yes 1
For any individual listed on line 1a, is th organization and related organizations individual	greater than	\$15	0,0	00?	. If	"Yes	;," (• •	complete Schedu	le J for suc	h	4 X
Did any person listed on line 1a receive for services rendered to the organization? If ection B. Independent Contractors											5
Complete this table for your five highest compensation from the organization. Report year.											s tax
(A) Name and business	address							(B) Description of se	ervices	Cor	(C) npensation
							+				

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC) fr org		from the organization and related organizations
59) A TANNER DOSS	2.00										
DIRECTOR	0.	X						0	•	0.	C
60) CHERYL L SHAVERS	2.00	-								_	0
DIRECTOR 61) H WESLEY STOWERS	0.	X						0	•	0.	0
DIRECTOR	0.	x						0		ο.	C
	0.							0	•	0.	U
		-									
	-+										
		-									
		-									
	-+	-									
1b Sub-totalc Total from continuation sheets to Part VII,d Total (add lines 1b and 1c)	Section A					•••		0.		0.	0.
2 Total number of individuals (including but no reportable compensation from the organization				d al	bov	e) who	o re	eceived more than	\$100,000	of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche											Yes No 3 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? If "Yes," complete Schedule J for succindividual.						such	4 X				
5 Did any person listed on line 1a receive of for services rendered to the organization? If the services rendered to the organization?											5 X
Section B. Independent Contractors 1 Complete this table for your five highest co compensation from the organization. Report year.											
(A) Name and business a	ddress							(B) Description of se	ervices	С	(C) compensation
							+				

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to ar	ny line in this Part V	/		
		· · · · · · · · · · · · · · · · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					300113 312-314
ษิธี	c	Fundraising events					
r ≜,	d	Related organizations					
ila	e	Government grants (contributions)					
ns,	f	All other contributions, gifts, grants,					
er io	•	and similar amounts not included above 1	29,932,806.				
the		Noncash contributions included in	29,952,000.				
1 U U U	g	lines 1a-1f	1,941,663.				
ano	h	Total. Add lines 1a-1f		29,932,806.			
	- 11		Business Code	25,552,000.			
e,	_	·	Dusiness Obuc				
, vi	2a						
Sei	b						
E a	C						
gra	d						
Program Service Revenue	e						
-	f	All other program service revenue	•	0.			
	g						
	3	Investment income (including dividends, other similar amounts)		913,533.			913,533.
	4	Income from investment of tax-exempt bond		0.			
	- - 5	Royalties	•	0.			
	-	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 4,690,537.					
e	b	Less: cost or other basis					
Revenue		and sales expenses 7b 4,708,207.					
eč	с	Gain or (loss) 7c -17,670.					
	d	Net gain or (loss)		-17,670.			-17,670.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events.	<u></u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
		Less: direct expenses		0			
	c	Net income or (loss) from gaming activities.	· · · · · · P	0.			
	10a	Gross sales of inventory, less returns and allowances 10a	0.				
	J		0.				
	b c	Less: cost of goods sold [10b] Net income or (loss) from sales of inventory		0.			
Ś	-		Business Code				
si a	11a	MISCELLANEOUS REVENUE	900099	3,012.			3,012.
ane	b						
eve	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d		3,012.			
	12	Total revenue. See instructions		30,831,681.			898,875.
JSA 9E105	1 2 000						Form 990 (2019)

AIR FORCE ACADEMY FOUNDATION

	s. All other organization	ns must complete colur	mn (A)
		· · · · · · · · · · · · · · · · · · ·	
(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
5,108,270.	5,108,270.		
6,265.	6,265.		
0.			
0.			
1,292,921.		269,859.	1,023,062
	10.000		
1,884,011.	42,338.	384,395.	1,457,278
			1
			157,544
			145,460
204,063.	3,391.	36,407.	164,265
			105,053
	32,767.		7,94
		26,199.	
			136,128
0.			
			1.65 0.45
	200	C 055	165,243
	302.		43,145
		3,618.	21,563
			1 200
	65	26.002	1,320
229,027.	65.	36,083.	192,879
	1.065		<u> </u>
	1,267.	52,273.	6,246
		0.0.2	20.001
			39,981
13,620.		13,620.	
168.085	04.245		140 800
	24,347.	405	142,728
			49,622
	-	27,410.	0.052
		C 100	2,053
			351,593
10,800,959.	5,621,139.	1,032,717.	4,213,103
	Onse or note to any line (A) Total expenses 5,108,270. 6,265.	t complete all columns. All other organization Total expenses Program service expenses 5,108,270. 5,108,270. 6,265. 6,265. 0. 0. 0. 0. 1,292,921. 0. 0. 0. 1,292,921. 0. 0. 0. 1,884,011. 42,338. 203,804. 4,704. 184,419. 590. 204,063. 3,391. 502,308. 339,005. 71,874. 32,767. 26,199. 0. 0. 0. 136,128. 0. 0. 136,28. 0. 136,28. 0. 0. 1,320. 229,027. 0. 0. 13,620. 0. 0. 0. 13,620. 0. 13,620. 0. 0. 0. 13,620. 0. 13,620. 0. <td>t complete all columns. All other organizations must complete colur Total expenses Program serice expenses Management and general expenses 5,108,270. 5,108,270. 6,265. 6,265. 6,265. 6,265. 0. 0. 0. 1,292,921. 269,859. 0. 1,292,921. 269,859. 0. 0. 0. 0. 0. 1,884,011. 42,338. 384,395. 38,369. 203,804. 4,704. 41,556. 184,419. 502,308. 339,005. 58,250. 71,874. 32,767. 31,167. 26,199. 0. 0. 0. 0. 0. 0. 136,128. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 165,243. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 165,243. 0. 0.</td>	t complete all columns. All other organizations must complete colur Total expenses Program serice expenses Management and general expenses 5,108,270. 5,108,270. 6,265. 6,265. 6,265. 6,265. 0. 0. 0. 1,292,921. 269,859. 0. 1,292,921. 269,859. 0. 0. 0. 0. 0. 1,884,011. 42,338. 384,395. 38,369. 203,804. 4,704. 41,556. 184,419. 502,308. 339,005. 58,250. 71,874. 32,767. 31,167. 26,199. 0. 0. 0. 0. 0. 0. 136,128. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 165,243. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 165,243. 0. 0.

0.

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following SOP 98-2 (ASC 958-720)

JSA

Form 990 (2019)

Page	1	1
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 2 Saving 3 Pledge 4 Accourt 5 Loans trustee control 6 Loans under s 7 Notes a 8 Invento 9 Prepaid 10a Land, b basis. 0 b Less: a 11 Investm 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accourt 18 Grants 19 Deferred 20 Tax-exe 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii and co 27 Net as: 28 Net as: Organi 	- non-interest-bearing	Beginning of year 1,000.		End of year
 2 Saving 3 Pledge 4 Accourt 5 Loans trustee control 6 Loans under s 7 Notes a 8 Invento 9 Prepaid 10a Land, b basis. 0 b Less: a 11 Investm 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accourt 18 Grants 19 Deferred 20 Tax-exe 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii and co 27 Net as: 28 Net as: Organi 	gs and temporary cash investments		1	1,000
 3 Pledge 4 Accourt 5 Loans trustee control 6 Loans under s 7 Notes 8 Invento 9 Prepaid 10a Land, b basis. b Less: a 11 Investra 12 Investra 13 Investra 14 Intangia 15 Other a 16 Total a 17 Accourt 18 Grants 19 Deferre 20 Tax-ex 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii 27 Net as: 28 Net as: Organi 	es and grants receivable, net	21,262,779.	2	29,465,869
 Accourt Loans trustee control Loans under strustee rustee control Loans under strustee nvento Prepaid a Invento Prepaid a Land, basis. 0 b Less: a 11 Investm 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accourt 18 Grants 19 Deferred 20 Tax-ex 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii Organi and co 27 Net as: 28 Net as: 		22,916,020.	3	32,054,585
 5 Loans trustee control 6 Loans under s 7 Notes a 8 Invento 9 Prepaid 10a Land, b b Less: a 11 Investin 12 Investin 13 Investin 14 Intangii 15 Other a 16 Total a 17 Accour 18 Grants 19 Deferre 20 Tax-exi 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii Organi and co 27 Net as: 28 Net as: Organi 		0.	4	C
trustee control 6 Loans under s 7 Notes 8 Invento 9 Prepaid 10a Land, b basis. 0 b Less: a 11 Investin 12 Investin 13 Investin 14 Intangii 15 Other a 16 Total a 17 Accour 18 Grants 19 Deferre 20 Tax-ex 21 Escrow 22 Loans trustee control 23 Secure 24 Unsect 25 Other parties, of Sche 26 Total li 0 Crgani and co 27 Net as: 28 Net as: 0 Organi	and other receivables from any current or former officer, director,		_	
 control Loans under s Notes a Invento Prepaid Land, b basis. 0 Land, b basis. 0 Less: a Investin Cother a Total a Grants Deferre Control Secure Loans trustee control Secure Unsect Secure Other parties, of Sche Corgani and co Net as: Organi 	e, key employee, creator or founder, substantial contributor, or 35%			
 6 Loans under s 7 Notes a 8 Invento 9 Prepaid 10a Land, b basis. 0 b Less: a 11 Investm 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accourt 18 Grants 19 Deferre 20 Tax-exe 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Iii 27 Net as: 28 Net as: Organi 	bled entity or family member of any of these persons	0.	5	(
 under s Notes a Notes a Invento Prepaid Land, b basis. 0 b Less: a 11 Investm 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accourt 18 Grants 19 Deferred 20 Tax-ex 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii Organi and co 27 Net as: 28 Net as: Organi 	and other receivables from other disqualified persons (as defined			
 7 Notes a 8 Invento 9 Prepaid 10a Land, b basis. 0 b Less: a 11 Investm 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accourt 18 Grants 19 Deferred 20 Tax-exe 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii Organi and co 27 Net as: 28 Net as: Organi 	section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	0.	6	(
 8 Inventor 9 Prepaid 10a Land, basis. 0 b Less: a 11 Investin 12 Investin 13 Investin 14 Intangii 15 Other a 16 Total a 17 Accour 18 Grants 19 Deferre 20 Tax-exi 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Iii Organi and co 27 Net as: 28 Net as: Organi 	and loans receivable, net	0.	7	(
 9 Prepaid 10 a Land, b basis. 0 b Less: a 11 Investm 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accour 18 Grants 19 Deferre 20 Tax-exe 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii Organi and co 27 Net as: 28 Net as: Organi 	tories for sale or use	0.	8	(
 10a Land, basis. 0 basis. 0 construction control control control control control secure control co	aid expenses and deferred charges	45,323.	9	59,876
basis. 0 b Less: a 11 Investm 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accour 18 Grants 19 Deferre 20 Tax-ex 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total li 0rgani and co 27 Net as: 28 Net as: 0rgani	buildings, and equipment: cost or other	- ,	-	,
bLess: a11Investm12Investm13Investm14Intangil15Other a16Total a17Accour18Grants19Deferre20Tax-ex21Escrow22Loanstrusteecontrol23Secure24Unsecu25Otherparties, of Scheof Sche26Total li27Net as28Net asOrganiand co27Net as28Net asOrganiOrgani	Complete Part VI of Schedule D 10a 237,149.			
 Investm Investm Investm Investm Investm Investm Investm Intangii Other a Total a Organi and co Net as: Organi 	accumulated depreciation	84,689.	10c	45,76
 12 Investm 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accourt 18 Grants 19 Deferred 20 Tax-exe 21 Escrow 22 Loans 21 trustee 22 control 23 Secured 24 Unsecuted 25 Other 26 Total Ii Organiand co 27 Net ass 28 Net ass Organi 	ments - publicly traded securities.	30,568,282.	11	38,821,196
 13 Investm 14 Intangii 15 Other a 16 Total a 17 Accour 18 Grants 19 Deferre 20 Tax-exe 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi 	ments - other securities. See Part IV, line 11	0.	12	00,011,11
 14 Intangii 15 Other a 16 Total a 17 Accour 18 Grants 19 Deferre 20 Tax-exit 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecut 25 Other parties, of Sche 26 Total lit Organiand co 27 Net ass 28 Net ass Organi 	ments - program-related. See Part IV, line 11	0.	12	
 15 Other a 16 Total a 17 Accour 18 Grants 19 Deferre 20 Tax-exe 21 Escrow 22 Loans 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi 		0.	13	
 Total a Total a Accour Grants Deferre Tax-exe Escrow Escrow Loans trustee control Secure Unsect Other parties, of Sche Total li Organi and co Net as: Organi Net as: Organi 	jible assets	243,251.	14	313,84
 Accour Grants Deferre Tax-ex Escrow Loans trustee control Secure Vunsect Other parties, of Sche Total li Organi and co Net as: Organi 		75,121,344.	15	100,762,13
 18 Grants 19 Deferre 20 Tax-exe 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total Ii Organi and co 27 Net as: 28 Net as: Organi 	assets. Add lines 1 through 15 (must equal line 33)	216,114.	17	419,96
 Deferre Tax-exi Tax-exi Escrow Loans trustee control Secure Secure Unsecu Other parties, of Sche Total li Organi and co Net as: Organi 	Ints payable and accrued expenses	2,727,700.	17	1,404,24
 20 Tax-ext 21 Escrow 22 Loans trustee control 23 Secure 24 Unsect 25 Other parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi 	s payable	0.	-	1,101,21
 21 Escrow 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total li Organi and co 27 Net ass 28 Net ass Organi 		0.	19	
 22 Loans trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi 	xempt bond liabilities	0.	20	
trustee control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi	w or custodial account liability. Complete Part IV of Schedule D.	0.	21	
control 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi	and other payables to any current or former officer, director,			
 23 Secure 24 Unsecu 25 Other parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi 	e, key employee, creator or founder, substantial contributor, or 35%	0		
24 Unsect 25 Other parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi	blled entity or family member of any of these persons	0.	22	
 25 Other parties, of Scher 26 Total li Organi and co 27 Net ass 28 Net ass Organi 	ed mortgages and notes payable to unrelated third parties	0.	23	
parties, of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi	cured notes and loans payable to unrelated third parties	0.	24	
of Sche 26 Total li Organi and co 27 Net as: 28 Net as: Organi	liabilities (including federal income tax, payables to related third			
26 Total li Organi and co 27 Net as: 28 Net as: Organi	s, and other liabilities not included on lines 17-24). Complete Part X	0		
Organi and co 27 Net ass 28 Net ass Organi		0.	25	1,824,21
and co 27 Net as 28 Net as Organi	liabilities. Add lines 17 through 25.	2,943,814.	26	1,024,21.
27 Net as28 Net asOrgani	nizations that follow FASB ASC 958, check here ► X complete lines 27, 28, 32, and 33.			
28 Net as: Organi	-		07	1 761 60
Organi	ssets without donor restrictions	1,243,417. 70,934,113.	27	1,761,692 97,176,233
	ssets with donor restrictions.	10,934,113.	28	91,110,23.
	nizations that do not follow FASB ASC 958, check here ► complete lines 29 through 33.			
20 Conit-			00	
	al stock or trust principal, or current funds		29	
	n or capital surplus, or land, building, or equipment fund		30	
	and company and any manufacture in a strength of the	72,177,530.	31	00 027 00
32 Total n33 Total lia	ned earnings, endowment, accumulated income, or other funds	//.//.h <u< td=""><td>32</td><td>98,937,923</td></u<>	32	98,937,923

ATR	FORCE	ACADEMY	FOUNDATION
1771/	LOICCH		I COMPLITION

Form 9	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		L0,8		
3	Revenue less expenses. Subtract line 2 from line 1	3		19,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		72,1	77,5	530.
5	Net unrealized gains (losses) on investments	5		7,1	41,1	L84.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9		- 3	45,5	513.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	9	98,9	37,9	923.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	nin			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, es					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .		3b	000	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		nt of the Treasury evenue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization						Employer identif	
AII	εF(ORCE ACADE						26-05370	
Ра	_			· · ·	-			art.) See instructions	S
	orga	1			is: (For lines 1 throu			,	
1		4			tion of churches desc				
2		4			. (Attach Schedule E	-			
3			-	-	rganization described				<u>-</u> .
4			-		conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nan	-						
5	X	-	-	for the benefit of Complete Part II.)	a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
6		A federal, sta	te, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7		An organizati	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		described in s	ection 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university of	or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
		university:							
10		receipts from support from	activities rela gross investr	ited to its exempt f nent income and u	unctions - subject to	certain e able inco	exception	ntributions, members s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11		An organizatio	on organized	and operated exclu	usively to test for publ	ic safety.	See sec	tion 509(a)(4).	
12		-	-	-		-			carry out the purposes
									See section 509(a)(3).
	_	Check the boy	t in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		_ Type I. A su	upporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the support	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	supporting of	organization.	You must complet	e Part IV, Sections A	and B.			
b		Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or m	nanagement o	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
	_	organization	(s). You mus	t complete Part IV	, Sections A and C.				
С		Type III fun	ctionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
	_	_ its supporte	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		_ Type III nor	-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not fu	unctionally into	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_				omplete Part IV, Sect				
е								hat it is a Type I, Type	II, Type III
					ionally integrated sup		organizat	ion.	
f				-					
g			-	1	orted organization(s).	Т		1	1
	(i) N	lame of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Schedule A (Form 990 or 990-EZ) 2019

26-0537053

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,848,809.	13,938,877.	12,994,265.	26,492,846.	29,627,304.	97,902,101.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	14,848,809.	13,938,877.	12,994,265.	26,492,846.	29,627,304.	97,902,101.
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)						22,100,037.
6	Public support. Subtract line 5 from line 4						75,802,064.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	14,848,809.	13,938,877.	12,994,265.	26,492,846.	29,627,304.	97,902,101.
9	similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	107,0001				1,100,001.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	14,377.	100.	1,569.	3,070.	3,012.	22,128.
11	Total support. Add lines 7 through 10						101,594,449.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>				
Sec	tion C. Computation of Public Supp		•				
14	Public support percentage for 2019 (lin					14	74.61%
15	Public support percentage from 2018	Schedule A, Pa	rt II, line 14 💶			15	70.82 %
16a	331/3% support test - 2019. If the org						37
	box and stop here. The organization qu			-			
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets the organization			-	-		
b	10%-facts-and-circumstances test - 2	018. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	inization meets	the "facts-and	-circumstances'	' test, check tl	his box and st	op here.
	Explain in Part VI how the organization	on meets the "	facts-and-circum	stances" test.	The organizatio	on qualifies as a	publicly
	supported organization						▶∟
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						<u> ► </u>

Schedule A (Form 990 or 990-EZ) 2019

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			1		1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	ond, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .						<u></u> ▶
Sec	tion C. Computation of Public Supp					1 1	
15	Public support percentage for 2019 (line 8,					15	%
16	Public support percentage from 2018 Schee					16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org						
_	17 is not more than 331/3%, check this	-	-				
b	331/3% support tests - 2018. If the orga						
• •	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization d	ia not check a	a box on line 1	4, 19a, or 19b,		and see instruct Schedule A (Form 9	
9E122	11.000 7217DG P091 8/12/2020 10):04:12 ՃM	V 19-6F	Ω	04244-000	Schedule A (FOIII S	PAGE 2

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

Sehedul	AIR FORCE ACADEMI FOUNDATION 20-0557	055	r	Page 5
Part	Ie A (Form 990 or 990-EZ) 2019 Supporting Organizations (continued)		ł	Page J
T GI V			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations		24	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	structi	ons).	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrue	ctions)	
			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	0.5		
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form		990-E2	Z) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	•		· ·
instructions. All other Type III non-functionally integrated supporting organi Section A - Adjusted Net Income	zations n	(A) Prior Year	(B) Current Yea (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 Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish ex	vompt purposos		Current rear
2	Amounts paid to perform activity that directly furthers exer		ad	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets		2010/13	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
_ C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
a h	Excess from 2015			
b	Excess from 2016			
c d	Excess from 2017 Excess from 2018			

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Schedule A (Form 990 or 990-EZ) 2019

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 II -	OTHER INCOME]			ATTACHMENT 1	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	14,377.	100.	1,569.	3,070.	3,012.	22,128.
TOTALS	14,377.	100.	1,569.	3,070.	3,012.	22,128.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Organization type (check one):

AIR FORCE ACADEMY FOUNDATION

Employer identification number

26-0537053

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$7,340,126.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$2,907,494.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,156,693.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$1,090,412.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$984,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7			Borcon
			Feison
		\$ 953,898.	Payroll
		\$ 953,898.	Noncash
			(Complete Part II for noncash contributions.)
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8			Person
			Payroll
		\$ 923,587.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9			Person
			Payroll
		\$743,000.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10			Person X
			Payroll
		\$ 600,000.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11			Porson X
			Ferson
		\$540,000.	Payroll Noncash
		ψ	
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12			Person
			Person A Payroll
		\$ 500,000.	Noncash
		¥	
			(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 484,682.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>		\$297,434.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>		\$276,449.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$242,291.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>19</u>		\$242,291.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$202,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21		\$ 200,983.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$167,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$165,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$157,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$130,101.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$124,690.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$111,022.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$110,792.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I Co	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
31		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$107,618.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$95,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$84,811.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$70,592.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38		\$70,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 39 </u>		\$54,504.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40		\$54,074.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>41</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
42		\$48,737.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$48,558.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
44		\$48,458.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
45		\$48,458.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
46		\$47,453.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
47		\$45,600.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I Contri	butors (see instructions). Use duplicate cop	les of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$29,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$29,039.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$27,808.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$27,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$25,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$25,329.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I Cont	ributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eaed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$24,977.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$24,869.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61		\$24,329.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
62		\$24,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
63		\$24,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
64		\$24,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
65		\$24,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
66		\$24,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67		\$21,151.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$21,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$20,920.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$20,842.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$20,410.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	
73		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$19,830.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
75		\$19,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
76		\$19,726.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
77		\$19,191.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
78		\$18,645.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	outors (see instructions). Use duplicate cop		T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$17,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$15,595.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$15,537.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I Contri	butors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$14,562.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$14,537.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$14,537.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$13,416.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$12,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Partl	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91 -		\$12,052.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92 -		\$11,758.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93 -		\$11,509.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94 -		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95 -		\$11,409.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96 -		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I Contri	butors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$10,990.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$10,879.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$10,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$10,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I	Contributors (see instructions). Use duplicate copies		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$10,219.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$10,217.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$10,082.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$10,068.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I Co		ies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
109		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u> 110 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>111</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>112</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>113</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

		ies of Part I if additional space is no	T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I C	ontributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$9,936.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123 — — —		\$ 9,771.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124 		\$9,771.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>125</u>		\$9,721.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$9,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.27			Person
			Payroll
		\$ 9,692.	Noncash
			(Complete Part II for
<u> </u>			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28			Person
			Payroll
		\$9,692.	Noncash
			(Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.29			Person
			Payroll
		\$ 9,692.	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.30			Person
		\$ 9,692.	Payroll
		\$ 9,692.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.31			Borcon
			Person ^X Payroll
		\$ 9,692.	Noncash
		T	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.32			Porson X
— ——			Person ^X Payroll
		\$ 9,585.	Noncash
		*	(Complete Part II for
			noncash contributions.)
		1	i noncash continutions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

art I Contrik	putors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>133</u>		\$9,571.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>134</u>		\$9,571.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>135</u>		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L36		\$8,677.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>137</u>		\$8,602.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>138</u>		\$8,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	butors (see instructions). Use duplicate cop		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L39		\$8,138.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L40		\$8,077.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>141</u>		\$8,003.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.42		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>143</u>		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.45		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.46		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.48		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$7,816.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,816.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

art I Contrik	putors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.51		\$7,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,781.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$7,762.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,762.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>155</u>		\$7,671.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,627.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Con	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$7,599.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$7,596.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u> 159 </u>		\$7,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
160		\$7,537.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u> 161 </u>		\$7,509.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u> 162 </u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I Contril	outors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$7,498.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$7,348.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$7,346.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$7,341.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$7,316.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$7,269.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.69		\$7,269.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
L70		\$7,171.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
L71		\$6,846.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.72		\$6,815.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$6,755.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$6,643.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I Contr	ibutors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>177</u>		\$6,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		\$6,244.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>179</u>		\$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		\$6,097.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art I Contrib	putors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>181</u>		\$6,095.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,057.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>183</u>		\$6,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>185</u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contri	butors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$5,954.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188		\$5,916.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>189</u>		\$5,855.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>190</u>		\$5,846.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>191</u>		\$5,846.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>192</u>		\$5,745.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I Contri	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		
<u>193</u>		\$5,710.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
194		\$5,679.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>195</u>		\$5,615.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
196		\$5,575.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>197</u>		\$5,570.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
198		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>199</u>		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200		\$5,435.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201		\$5,338.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202		\$5,316.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
203		\$5,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204		\$5,246.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	butors (see instructions). Use duplicate cop		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206		\$5,136.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207		\$5,103.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
210		\$5,042.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	butors (see instructions). Use duplicate cop		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$5,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>213</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	outors (see instructions). Use duplicate cop		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art I Contril	butors (see instructions). Use duplicate cop		T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227 		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

art I Contrik			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>233</u>		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (F	Form 990, 990-EZ,	or 990-PF) (2019)

Name of organization AIR FORCE ACADEMY FOUNDATION

Employer identification number 26-0537053

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	STOCK TRANSFER/GIFT		
4			
		\$1,156,693.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 7	2019 SENIOR INTERACTION DESIGNER FOR USAFA CYBERWORX SERVICE COST		
17	USAFA CIBERWORX SERVICE COSI		
		\$\$	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	TRAILER FOR USAFA TRI-TEAM		
27			
		\$16,000.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2.0	STOCK TRANSFER/GIFT		
30			
		\$110,792.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
38	F-105D ACRYLIC ON CANVAS BY RICK BROOME		
30			
		\$65,000.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4.0	STOCK TRANSFER/GIFT	_	
42		—	
		\$10,279.	12/31/2019

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

9E1254 1.000 7217DG P091 8/12/2020 10:04:12 AM V 19-6F

Name of organization AIR FORCE ACADEMY FOUNDATION

Page 3

			26-053	7053
Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional s	pace is need	ed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instructi		(d) Date received
	IN FLIGHT HOURS FOR FOOTBALL RECUITING			

47	IN FLIGHT HOURS FOR FOOTBALL RECUITING	-	
		\$45,600.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
51	STOCK TRANSFER/GIFT		
		\$27,808.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
78	STOCK TRANSFER/GIFT	—	
		\$18,495.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
104	STOCK TRANSFER/GIFT	—	
		\$10,217.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
105	STOCK TRANSFER/GIFT	—	
		\$10,082.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
122	STOCK TRANSFER/GIFT	_	
		\$9,636.	12/31/2019

Schedule B	(Form 990	, 990-EZ, or	[•] 990-PF) (2019)	

Name of organization AIR FORCE ACADEMY FOUNDATION

Employer identification number 26-0537053

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
171	STOCK TRANSFER/GIFT		
		\$2,591.	12/31/2019
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
194	TWO BLUE AND SILVER ARMY FOOTBALL TICKETS		
		\$110.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
202	RODEO TEAM JACKETS		
		\$5,338.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
203	STOCK TRANSFER/GIFT		
		\$5,316.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
207	STOCK TRANSFER/GIFT		
		\$5,136.	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
208	STOCK TRANSFER/GIFT		
		\$ 5,103.	12/31/2019

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 4
Name of organization AIR FORCE ACADEMY FOUNDATION	Employer identification number
	26-0537053
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. Comp	blete columns (a) through (e) and

(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a		Relationship of transferor to transferee
	(b) Purpose of gift Transferee's name, address, an (b) Purpose of gift Transferee's name, address, an (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gi

SCHEDU (Form 99)		
				Pa
Department of the Treasury Internal Revenue Service				G
Name of the	orga	nization		
AIR FOF	RCE	ACADEM	IΥ	FOUNDATION
Part I	0	rganiza	tio	ons Maintainii
	С	omplete) if	the organizat

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

art IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

19

20

Inter	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions and	the latest inform	ation.	Inspection
Nam	e of the organization				Employer id	entification number
AIF	R FORCE ACADEM	IY FOUNDATION			26-0	537053
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Sim	ilar Funds or	Accounts.	
		e if the organization answered				
	I	5	(a) Donor advised fu		(b) Fund	ds and other accounts
1	Total number at e	nd of year			()	
2		of contributions to (during year)				
2 3		of grants from (during year)				
4		at end of year	advisors is writing that the		in denor od	viaced
5	-	ion inform all donors and donor	-			
~	•	inization's property, subject to the	•	•		
6	-	on inform all grantees, donors, a				
	-	e purposes and not for the bene				
De		hissible private benefit?	<u></u>	<u></u>		Yes No
Pa		tion Easements.	"Voc" on Form 000 Port	IV line 7		
1		e if the organization answered servation easements held by the				
1		-			of a biotoria	lly important land area
		n of land for public use (for example	e, recreation or education)			ally important land area
		of natural habitat		Preservation	or a certified	nistoric structure
~		n of open space			4h a f a maa a f	
2		through 2d if the organization h	eld a qualified conservation	contribution in		a conservation at the End of the Tax Year
		last day of the tax year.				at the End of the Tax Teal
а		onservation easements			2a	
b		tricted by conservation easement			2b	
С		vation easements on a certified			2c	
d		rvation easements included in (d				
		isted in the National Register			2d	
3		rvation easements modified, tra	nsferred, released, extingui	shed, or termi	nated by the	e organization during the
	tax year 🕨					
4		where property subject to conse				_
5	-	ation have a written policy re				-
		orcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations,	and enforcing	conservation	easements during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, a	and enforcing co	onservatione	easements during the year
	▶\$					
8		vation easement reported on line				(B)(i)
	and section 170(h)(4)(B)(ii)?				Ves No
9		be how the organization reports			•	
		d include, if applicable, the text of		zation's financi	al statement	s that describes the
D		counting for conservation easeme			0:	1 -
Pa		tions Maintaining Collections e if the organization answered			Similar As	ssets.
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repor ts held for public exhibitic to its financial statements th	t in its revenue on, education, nat describes th	e statement or research iese items.	and balance sheet works in furtherance of public
b		n elected, as permitted under F				
-	art, historical trea provide the follow	sures, or other similar assets he ing amounts relating to these ite	ld for public exhibition, edu	ucation, or rese	earch in furt	herance of public service,
		ded on Form 990, Part VIII, line 1				▶ \$
	(ii) Assets include	ed in Form 990, Part X				▶ \$
2	If the organizatio	n received or held works of a	rt, historical treasures, or	other similar a	assets for fi	nancial gain, provide the
	following amounts	s required to be reported under F	ASB ASC 958 relating to the	ese items:		
а	Revenue included	on Form 990, Part VIII, line 1.				▶ \$

. . .

Assets included in Form 990, Part X.

b

► \$

Schedule D (Form 990) 2019

AIR FORCE ACADEMY FOUNDATION

Schee	lule D (Form 990) 2019										Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easures	s, or	Other	Similar Asset	t s (continu	ıed)	
3	Using the organization's acquisition collection items (check all that app		other recor	ds, checl	k any o	of the	follow	ving that make	significant	use	of its
а	Public exhibition		d	Loan	or exch	ande	progra	m			
b	Scholarly research		e			-					
c	Preservation for future gene	rations	•								
4	Provide a description of the organ		s and expla	ain how 1	they fui	rther	the or	ganization's exe	empt purpo	ose in	Part
_	XIII.										
5	During the year, did the organization									_	_
_	assets to be sold to raise funds rath		ained as pa	rt of the o	organiza	ation	s colle	ction?	. Ye	5	No
Pa	rt IV Escrow and Custodial A Complete if the organiza		es" on For	m 990, F	Part IV,	line	9, or r	eported an am	nount on F	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, truste			-							۰
	included on Form 990, Part X?					• • •			_ Ye	5	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	lowing tab	ole:						
								Amo	ount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
	Did the organization include an am							-			No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			
Ра	rt V Endowment Funds. Complete if the organiza	ation answered "Ye	es" on For	m 990, F	Part IV.	line	10.				
	1 5	(a) Current year	(b) Prio			o year		(d) Three years ba	ack (e) Fo	ur years	back
10	Paginning of year balance										
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	of the current year		e (line 1g,	columr	ו (a))	held as	:			
a	Board designated or quasi-endown		_%								
b	Permanent endowment										
С	Term endowment	_%									
-	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in	the possession of the	he organiza	ation that	are hel	d and	d admir	nistered for the		Vee	
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii		
b	If "Yes" on line 3a(ii), are the relate	0	•						3b		
4	Describe in Part XIII the intended u		ation's endo	wment fui	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organize	upment. ation answered "Y	es" on Foi	m 990	Part IV	line	11a 9	See Form 990	Part X li	ne 1(۱
	Description of property		r other basis	(b) Cost				cumulated	(d) Book		
		(inves	stment)		ther)			eciation	(-) ====		
1a	Land										
b	Buildings	•••••									
С	Leasehold improvements				11,75			11,098.			652.
d	Equipment			2	225,39	99.	1	80,284.		45,	115.
e	Other										
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal For	m 990, Part	X, colum	n (B), lir	ne 10	c.)	►		45,	767.

Schedule D (Form 990) 2019

	orm 990) 2019		Pa
art 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
Financia	al derivatives		
	held equity interests		
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII	Investments - Program Related.	"Vos" on Form 000	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) BOOK value	Cost or end-of-year market value
			-
)			
) al. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) • Other Assets.	"Vos" on Form 990	Part IV line 11d See Form 990 Part X line 15
al. (Column art IX	Other Assets. Complete if the organization answered	"Yes" on Form 990 scription	
) art IX	Other Assets. Complete if the organization answered		
) art IX	Other Assets. Complete if the organization answered		
) al. (Column art IX	Other Assets. Complete if the organization answered		
) II. (Column III. (Column III. (Column III. (Column)	Other Assets. Complete if the organization answered		
I. (Column Irt IX	Other Assets. Complete if the organization answered		
) II. (Column II.	Other Assets. Complete if the organization answered		
) Irt IX	Other Assets. Complete if the organization answered		
I. (Column	Other Assets. Complete if the organization answered (a) Des	scription	(b) Book value
) al. (Column art IX)))))) al. (Colu	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered	ne 15.)	(b) Book value
) al. (Column art IX)))))) al. (Colu	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25.	ne 15.)	(b) Book value (b) Book value (c)
I. (Column Irt IX	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25.	ne 15.)	(b) Book value (b) Book value (c)
i. (Column irt IX)) al. (Colu) al. (Colu)))))))))))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description	ne 15.)	(b) Book value (b) Book value (c)
) al. (Column art IX)))))))))))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description	ne 15.)	(b) Book value
al. (Column)))))))))))))))))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description	ne 15.)	
) art IX))) al. (Colu art X)))))))))))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description	ne 15.)	(b) Book value
) art IX art IX))) art X) Federa)))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description	ne 15.)	(b) Book value
) al. (Column art IX))))) () ())) ())))))))))))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description	ne 15.)	(b) Book value
) art IX art IX))))))) art X)))))))))))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Description	ne 15.)	(b) Book value (b) Book value (c)
art IX)))))))) tal. (Colu art X)))))))))))))))))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes	ne 15.)	(b) Book value (b) Book value ▶ , Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
) al. (Column art IX)))))))) al. (Colum)))))))))))))))))))	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered line 25. (a) Descript al income taxes (b) must equal Form 990, Part X, col. (B) line 25.)	ne 15.)	(b) Book value (b) Book value ▶ , Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value

Schedu	le D (Form 990) 2019		Page 4
Part		n.	
	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	37,671,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 45,600	.	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	7,186,784.
3	Subtract line 2e from line 1	3	30,485,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990. Part VIII. line 7b 4a 974		
b	Other (Describe in Part XIII.)	·	
с	Add lines 4a and 4b	4c	346,487.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	30,831,681.
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	10,911,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 45,600	.	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	45,600.
3	Subtract line 2e from line 1	3	10,865,985.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 974	•	
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	974.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	10,866,959.
Part	XIII Supplemental Information.		
Provid	e 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

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, I 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

004244-000

Part XIII Supplemental Information (continued)

SCHEDULE D PART X, LINE 2

THE ORGANIZATION IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF §501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION.

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE D PART XI LINE 4B

UNCOLLECTIBLE PLEDGES NE	TTED WITH	REVENUE FOR	AUDIT SHOWN AS ADJUSTMENT
TO NET ASSETS UNDER FORM	990 PART	XI LINE 9:	(\$345,513)
CHANGE IN VALUE OF SPLIT	INTEREST	AGREEMENTS:	\$5,590
TOTAL			(\$351,103)

Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)		Information Re the organization answer	red "Yes" on	Form 990, F	Part IV, line 17, 18, or 1	-	OMB №. 1545-0047
(organization entered n Attach		5,000 on For) or Form 99(
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form					Open to Public Inspection
Name of the organization						Employer identificati	on number
AIR FORCE ACADEN	Y FOUNDATION					26-0537053	
	g Activities. Com EZ filers are not re				Yes" on Form 99	0, Part IV, line 1	7.
	the organization ra				activities. Check a	all that apply.	
a X Mail solicita	•	e		•	non-government g		
b X Internet and	email solicitations	f	Solic	itation of	government grants	3	
c X Phone solici	tations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	olicitations						
	s listed in Form 990), Part VII) or entity	in connec	tion with p	professional fundrai	ising services?	X Yes No
	10 highest paid ind least \$5,000 by the		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		001. (1)	
1		SOLIC. OF					
RUFFALO NOEL	LEVITZ, LLC	DONATIONS		Х	630,026.	151,378	. 478,648.
2							
3							
4							
5							
6							
7							
8							
9							
10							
	which the organiza			► to solicit	630,026.	151,378 has been notified	
registration or lic							·

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

 JSA 9E1281 1.000
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 Schedule G (Form 990 or 990-EZ) 2019

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Schedule G (Form 990 or 990-EZ) 2019

Page 2

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
D		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts				
	2 Less: Contributions3 Gross income (line 1 minus)				
	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
_	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lin	es 4 through 9 in col	umn (d)	►	
	11 Net income summary. Subtract li	ne 10 from line 3, co	lumn (d)	<u></u>	
	rt III Gaming. Complete if the organized				
a			"Yes" on Form 990,	Part IV, line 19, or	reported more th
	\$15,000 on Form 990-EZ, lin		(b) Pull tabs/instant	Part IV, line 19, or (c) Other gaming	(d) Total gaming (a
		e 6a.	·		(d) Total gaming (a
_		e 6a.	(b) Pull tabs/instant		(d) Total gaming (a
	\$15,000 on Form 990-EZ, lin	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (a
	\$15,000 on Form 990-EZ, lin 1 Gross revenue	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (a
	\$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (a
	\$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	reported more th (d) Total gaming (a col. (a) through col. (
-	 \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
	 \$15,000 on Form 990-EZ, lin 1 Gross revenue	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
	 \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
	 \$15,000 on Form 990-EZ, lin 1 Gross revenue	e 6a. (a) Bingo Yes No es 2 through 5 in col	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
	 \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Summ	e 6a. (a) Bingo Yes No es 2 through 5 in col ibtract line 7 from lin	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
	 \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Su Enter the state(s) in which the organization licensed to con 	e 6a. (a) Bingo Yes No es 2 through 5 in col btract line 7 from lin anization conducts g duct gaming activitie	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
-	 \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Su Enter the state(s) in which the organization licensed to con 	e 6a. (a) Bingo Yes No es 2 through 5 in col btract line 7 from lin anization conducts g duct gaming activitie	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
a	 \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Su Enter the state(s) in which the organization licensed to con 	e 6a. (a) Bingo (a) Bingo Ves No es 2 through 5 in col btract line 7 from lin anization conducts g duct gaming activitie	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.

Schedule G (Form 990 or 990-EZ) 2019

AIR FORCE	ACADEMY	FOUNDATION
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	AIR FORCE ACADEMY FOUNDATION	26-05370	53	
Sched	ule G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	/		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g	aming		
	revenue?] Yes [No
b	If "Yes," enter the amount of gaming revenue received by the organization \$a			
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Coming monoger information:			
10	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	ceeds to	_	
	retain the state gaming license?	[Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year $ ightarrow$ \$			
Part	t IV Supplemental Information. Provide the explanation 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 additior	nal informat	tion	
	(see instructions).			
PRO	FESSIONAL FUNDRAISING FEES			_
PAR	T I, LINE 1: RNL INVOICES AIR FORCE ACADEMY FOUNDATION FOR PRINTING			
AND	POSTAGE (SEPARATELY STATED ON MONTHLY INVOICE), AND THE RNL CONTRACT			
ALS	O BREAKS OUT THOSE ITEMS. THE TOTAL FOR THOSE EXPENSES IN 2019 WAS			
\$8,	108.			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)				Assistance t ndividuals in	•	•		20 19
	Comp	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior).		Inspection
Name of the organization							Employer identificati	on number
AIR FORCE ACADE	EMY FOUNDATION						26-053705	3
Part I General I	nformation on Grants and	d Assistanc	e					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
the selection crit	eria used to award the grant	s or assistand	e?	-				X Yes No
	IV the organization's proceed							
	nd Other Assistance to D ne 21, for any recipient th		-			•		es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED STATES AIR	FORCE ACADEMY							
~ /	COLORADO SPRINGS, CO 80840	1		1,725,119.	1,528,457.	SEE PART IV	THIRD PARTY PAYMENTS	SCHOLAR FEES, FURNIT
(2) ASSOCIATION OF GR	ADUATES OF THE USAFA							GENERAL ASSISTANCE T
3116 ACADEMY DRIV		84-0580665	501(C)(3)	890,441.				PROGRAMS
(3) AIR FORCE ACADEMY	ATHLETIC CORPORATION							
2168 FIELDHOUSE D		45-4331061	501(C)(3)	1,456,332.	45,600.	FMV	THIRD PARTY PAYMENTS	SUSAFA ATHLETIC PROGR
(4) FALCON FOUNDATION	I							
3116 ACADEMY DRIV	ΤE	75-6016930	501(C)(3)	14,525.				GENERAL ASSISTANCE T
(5)		_						
(6)		_						
(7)								
(8)								
(9)		_						
(10)		-						
(11)		_						
(12)		_						
2 Enter total numb	per of section 501(c)(3) and	government (organizations lis	ted in the line 1 tat			•	3.
	per of other organizations list	•	•					1.
	on Act Notice, see the Instructi							edule I (Form 990) (2019)

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 non-cash assistance
1 FINANCIAL ASSISTANCE FOR DISADVANTAGED CADETS	14.	6,265.		ACTUAL COST	REIMBURSEMENT OF DOM
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

information.

SCHEDULE I, PART I, LINE 2:

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS PROVIDED TO THE UNITED

STATES AIR FORCE ACADEMY BY MAINTAINING REGULAR CONTACT WITH THE UNITED

STATES AIR FORCE ACADEMY SUPERINTENDENT'S OFFICE AND STAFF.

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS PROVIDED TO THE AIR

FORCE ATHLETIC DEPARTMENT BY MAINTAINING REGULAR CONTACT WITH THE

ATHLETIC DIRECTOR'S OFFICE AND STAFF.

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS PROVIDED TO THE

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

ASSOCIATION OF GRADUATES OF THE UNITED STATES AIR FORCE ACADEMY BY

MAINTAINING REGULAR CONTACT WITH ASSOCIATION'S DIRECTORS, OFFICERS AND

STAFF, INCLUDING RECIPROCAL ATTENDANCE AT THE ASSOCIATION'S AND THE

ORGANIZATION'S BOARD OF DIRECTORS MEETINGS AND AT VARIOUS OTHER

ASSOCIATION AND ORGANIZATION MEETINGS, EVENTS AND ACTIVITIES.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
L .					
5					
art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

SCHEDULE I, PART II LINE 1 COLUMN F

METHOD OF VALUATION: ACTUAL COSTS, FMV, APPRAISAL

Schedule I (Form 990) (2019)

SCHI	EDULE J	Compen	sa	tion Information	L	OMB No.	1545-0	047
(For	n 990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest		എന	10	
				sated Employees swered "Yes" on Form 990, Part IV, line	23.			
	nent of the Treasury		Atta	ch to Form 990.		Open t		
	Revenue Service	► Go to www.irs.gov/Forms	990 fo	or instructions and the latest information	Employer identifica		ectio	n
	0	DEMY FOUNDATION			26-05370		ei	
Part		is Regarding Compensation			20 05570			
T art	quootion						Yes	No
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				rm		
		ss or charter travel		Housing allowance or residence for	-			
		or companions		Payments for business use of perso	•			
		emnification and gross-up payments		Health or social club dues or initiati				
		onary spending account		Personal services (such as maid, ch				
b	If any of the or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	pens	rganization follow a written policy research above? If "No," con	egarding payme			
2	Did the orga	anization require substantiation prior stees, and officers, including the CEC	to	reimbursing or allowing expenses	•	all		
	-	· · · · · · · · · · · · · · · · · · ·						
3	Indicate which organization's	n, if any, of the following the organization CEO/Executive Director. Check all that ization to establish compensation of th	on us at ap	sed to establish the compensation of pply. Do not check any boxes for metho	the ods used by a			
	X Comper	nsation committee	X	Written employment contract				
	Indepen	dent compensation consultant		Compensation survey or study				
	X Form 99	00 of other organizations	Х	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing			
а		verance payment or change-of-control pa	-					Х
b		, or receive payment from, a suppleme						X
С		or receive payment from, an equity-ba				. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	ovid	e the applicable amounts for each i	tem in Part III.			
F	-	501(c)(3), 501(c)(4), and 501(c)(29) or	-	-				
5	compensation	listed on Form 990, Part VII, Secti contingent on the revenues of:			-	-		
		ion?						X
b	If "Yes" on lin	rganization? e 5a or 5b, describe in Part III.						X
6	-	listed on Form 990, Part VII, Secting contingent on the net earnings of:	on /	A, line 1a, did the organization pa	ay or accrue a	any		
а	The organizat	ion?				. 6a		Х
b		rganization? e 6a or 6b, describe in Part III.	• •			. 6b		X
7	For persons	listed on Form 990, Part VII, Sectio described on lines 5 and 6? If "Yes," d					X	
8	Were any am	ounts reported on Form 990, Part VII, contract exception described in I	paid	or accrued pursuant to a contract th	at was subject	•		
			-					x
9		ine 8, did the organization also foll						
		ection 53.4958-6(c)?						

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2**

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHAEL GOULD	(i)	265,850.	26,000.	0.	32,428.	1,988.	326,266.	
DIRECTOR/PRESIDENT/CEO	(ii)	0.	0.	0.				
DENNIS W SCRUGGS	(i)	148,318.	14,000.	0.	18,035.	15,181.	195,534.	
2 ^{CHIEF FINANCIAL OFFICER}	(ii)	0.	0.	0.				
JENNIFER BATEMAN	(i)	249,370.	15,000.	0.	29,375.	8,498.	302,243.	
FORMER VICE PRES, DEVELOPMENT	(ii)	0.	0.	0.				
GREGORY C KNEDLER	(i)	133,172.	4,000.	0.	15,241.	24,025.	176,438.	
ASSOC VICE PRES, DEVELOPMENT S	(ii)	0.	0.	0.				
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 3

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.

SCHEDULE J, PT I, QUESTION 7 - NON-FIXED PAYMENTS

BONUSES PAID TO ALL QUALIFYING EMPLOYEES, SUBJECT TO APPROVAL BY

COMPENSATION AND EXECUTIVE COMMITTEES.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open to Public

Name of the organization

AIR FORCE ACADEMY FOUNDATION

Employer identification number 26-0537053

Par	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art	X	1.	65,000.	FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	Х		5,338.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		23.	1,760,368.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ATCH 1)		9.	233,359.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							-
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			1.
							Yes	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least t	-						37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement							
31	Does the organization have a			-			v	
• •	contributions?					31	Х	
32a	Does the organization hire or use	-	-				v	
-	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
Ear D	describe in Part II. aperwork Reduction Act Notice, see the Inst	ruotions for F-	rm 000			NA / T		
FOL D	aperwork Reduction Act Notice, see the inst	ructions for Fo	m 990.		Schedule	M (FO	rm 990	J) 2019

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B:

AIR FORCE ACADEMY FOUNDATION USED RUFFALO NOEL LEVITZ, LLC , A

TELEMARKETER, TO SOLICIT CONTRIBUTIONS. THE ORGANIZATION ALSO USES A

BROKERAGE FIRM TO SELL DONATED STOCK. THE ORGANIZATION ALSO USES A REAL

ESTATE BROKER TO SELL REAL ESTATE.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

SUPPLEMENTAL INFORMATION

THE ORGANIZATION RECEIVED \$3,054,788 OF PUBLICLY TRADED SECURITIES DURING 2019 AS PAYMENT OF PRIOR YEAR PLEDGES. THESE AMOUNTS ARE RECOGNIZED IN INCOME IN PRIOR YEARS AND ARE NOT REPORTED ON SCH M.

Schedule M (Form 990) (2019)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
ATHLETIC EVENT TICKETS	х	3.	396.	FMV
VEHICLE EQUIPMENT	х	1.	16,000.	FMV
SANDHURST TEAM SUPPLIES	х	3.	3,850.	FMV
SENIOR INTERACTION DESI	GN X	1.	210,855.	FMV
HOSTED EVENT	Х	1.	2,258.	FMV
TOTALS		9.	233,359.	

004244-000

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization AIR FORCE ACADEMY FOUNDATION

Employer identification number

26-0537053

FORM 990, PART III, LINE 1 CONTINUED AND TO BUILD A SPIRIT OF PHILANTHROPY AMONG ALUMNI, FRIENDS AND OTHERS TO MOTIVATE ENGAGEMENT AND ENCOURAGE SUPPORT OF THE ACADEMY'S MISSION.

FORM 990, PART VI, SECTION A, LINE4:

THE ORGANIZATION OFFFICALLY CHANGED THEIR NAME FROM USAFA ENDOWMENT TO

AIR FORCE ACADEMY FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 2: BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDED THE FORM 990 TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND COMMENT BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND ANNUALLY SOLICITS CONFLICT OF INTEREST INFORMATION FROM BOARD MEMBERS AND KEY EMPLOYEES. COMPLIANCE WITH OUR CONFLICT OF INTEREST POLICY IS EMPHASIZED DURING REGULAR BOARD MEETINGS BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR CEO AND OTHER OFFICERS AND KEY EMPLOYEES IS ANNUALLY DETERMINED BY THE COMPENSATION AND EXECUTIVE COMMITTEE OF THE BOARD OF

Page 2

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 17: THE ORGANIZATION HAS REGISTERED OR BEEN NOTIFIED THAT REGISTRATION IS NOT REQUIRED IN ALL 50 U.S. STATES. A COPY OF THE 990 IS FILED WITH ALL STATES REQUIRING THE FILING OF FORM 990 TO FULFILL STATE EXEMPT ORGANIZATION OR CHARITABLE SOLICITATION REPORTING REQUIREMENTS.

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

THE ORGANIZATION SOLICITS CONFLICT OF INTEREST INFORMATION FROM BOARD MEMBERS AND KEY EMPLOYEES DURING REGULAR BOARD MEETINGS. THE ORGANIZATION PROVIDES KEY FINANCIAL, POLICY, AND OTHER INFORMATION TO THE PUBLIC VIA THE WEBSITE WWW.USAFAENDOWMENT.ORG. ANY DOCUMENTS THAT ARE A MATTER OF PUBLIC RECORD AND ARE NOT AVAILABLE ON THE WEBSITE ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XI LINE 9 WRITE OFF OF PRIOR YEAR PLEDGES AS UNCOLLECTIBLE -\$351,103 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT + \$5,590

TOTAL -\$ 345,513

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
21ST CENTURY DEFENSE STRATEGIES 12721 CLOUDY BAY DR COLORADO SPRINGS, CO 80921	DIST GRAD SCHOLAR	228,378.
RUFFALO CODY HOLDINGS LLC	PROFESSIONAL FUNDRAI	175,198.

Schedule O (Form 990 or 990-EZ) 2019		Page 2
Name of the organization	Employer	identification number
AIR FORCE ACADEMY FOUNDATION	26-	0537053
	ATTACHM	IENT 1 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHES	T PAID IND. CONTRACTORS	COMPENSATION
1025 KIRKWOOD PARKWAY SW		
CEDAR RAPIDS, IA 52404		
DOUGLAS R LINDSAY 6111 MASHIE COURT PARKVILLE, MO 64152	JOURNAL OF CHARACTER	156,096.
STEPHEN P RANDOLPH 198 ANCHORIA WAY COLORADO SPRINGS, CO 80918	ROKKE-FOX CHAIR	125,000.

JAMES J NANCE SCULPTOR ARTIST 140,000. 4617 LONETREE DR

LOVELAND, CO 80537