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

Form **990** 

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

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

A F	or th	e 202	o calendar year, or tax year beginning , 2020, a	nd ending	_		, 20	
B o	,		C Name of organization		D Employer i	dentifi	cation number	
<b>D</b> C	heck if ap		AIR FORCE ACADEMY FOUNDATION					
	Addre chang		Doing Business As		26-053	705	3	
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone	numbe	er	
	Initial	return	3116 ACADEMY DRIVE		(719) 4	72-0	0300	
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code					
X	Amer return		USAF ACADEMY, CO 80840		<b>G</b> Gross rece	ipts \$	29,99	7,112.
		cation	F Name and address of principal officer: MICHAEL C. GOULD		H(a) Is this a gr		urn for Yes	X No
	•	-	3116 ACADEMY DRIVE, USAF ACADEMY, CO 80840		H(b) Are all subc		included? Yes	s No
ı	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," att	ach a lis	st. (see instructions)	
J	Websi	ite: 🕨	WWW.AFACADEMYFOUNDATION.ORG		H(c) Group exe	mption r	number	
K	Form	of orgar	nization: X Corporation Trust Association Other	L Year of forma	ation: 2007 N	State	of legal domicil	e: DE
Pa	art I	Su	mmary					
	1	Briefly	describe the organization's mission or most significant activities: TO PROV	IDE EFFIC	IENT AND	PERF	PETUAL	
ė			WARDSHIP OF DONATED GIFTS TO THE US AIR FORCE A					
auc		THE	IR PERMANENCY AND EFFICACY IN ACCORDANCE WITH T	HE DONORS	' INTENT.			
/err	2	Check	this box if the organization discontinued its operations or disposed of	of more than 259	% of its net asse	 ets.		
Governance	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		55.
త	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		53.
Activities	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5		37.
ξį	6		number of volunteers (estimate if necessary)			6		0.
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		0.
			nrelated business taxable income from Form 990-T, line 34			7b		0.
					Prior Year		Current	Year
ø.	8	Contr	ibutions and grants (Part VIII, line 1h)		29,932,8	06.	25,39	8,340
ž	9	Progra	am service revenue (Part VIII, line 2d)	1 1		0.		0
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTION	895,8	63.	71	7,615
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,0	12.	64	18,688
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,831,6	81.	26,76	4,643
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		5,114,5	35.	36,56	6,677
	14		its paid to or for members (Part IX, column (A), line 4)			0.		0
ģ	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,769,2	18.	3,44	2,116
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		136,1	28.	13	88,247
xbe	b	Total	fundraising expenses (Part IX, column (D), line 25)   3,125,348.					
Ш			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,847,0	78.	1,60	5,319
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,866,9	59.	41,75	2,359
	19		nue less expenses. Subtract line 18 from line 12		19,964,7	22.	-14,98	7,716
ces				Begi	nning of Current	Year	End of Y	ear
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		100,762,1	34.	103,99	3,118.
AS	21	Total	liabilities (Part X, line 26)		1,824,2	11.		4,690
Fe	22	Net as	ssets or fund balances. Subtract line 21 from line 20.		98,937,9	23.	89,44	18,428
Pa	rt II	Sig	gnature Block					
Und	der pei	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which	and statements,	and to the best	of my	knowledge and	belief, it is
Tiue	s, corre	li, and	complete. Declaration of preparer (other than officer) is based on an information of which	preparer has any i	knowledge.			
0:					01/	05/2	2022	
Sig			Signature of officer		Date			
He	re		DENNIS SCRUGGS CFO					
			Type or print name and title					
Doi		Print/	Type preparer's name Preparer's signature	Date	Check	if	PTIN	
Paid	ı parer	TAM	MY ABNEY	01/05/20	22 self-emplo		P0053955	6
	Only	Firm's	sname ► STOCKMAN KAST RYAN & CO, LLF		Firm's EIN ▶		-1509584	
	y	Firm's	saddress > 102 n. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 809	03	Phone no.	719	9-630-118	5
May	the I	RS dis	cuss this return with the preparer shown above? (see instructions)	<u> </u>			. X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 99	<b>90</b> (2020)

Form 990 (2020) Page 2 مادناه

Pa	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	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	o omers
	the total expenses, and revenue, if any, for each program service reported.	
	(Code) \(\( \( \( \) \\ \) \(	`
4a	(Code:) (Expenses \$36,520,264. including grants of \$35,657,031. ) (Revenue \$	.)
	SUPPORT FOR ACADEMIC, ATHLETIC AND CHARACTER AND LEADERSHIP	
	DEVELOPMENT PROGRAMS OF THE UNITED STATES AIR FORCE ACADEMY IN	
	COLORADO SPRINGS, COLORADO.	
		`
	(Code:) (Expenses \$909,646. including grants of \$909,646) (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.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
_		
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 37,429,910.	<u> </u>
JSA 0E1	220 1.000 Form <b>9</b>	<b>90</b> (2020
	7217DG P091 1/5/2022 2:28:52 PM V 20-7.10 004244-000	PAGE

Form 990 (2020)
Part IV Page 3

гаги	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		X
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			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		,		Х
_	"Yes," complete Schedule D, Part I.	6		21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
1	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,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
D		446		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
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,	174		
	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
_	- · · · · · · · · · · · · · · · · · · ·	140		21
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ـ د ا		х
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		^
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	Х	
8	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		Х
0 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
71		21	Х	
21	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts Land II			1
<b>21</b> SA 1 1.000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(000

Page 4 Form 990 (2020)

Part	Checklist of Required Schedules (continued)		Vaa	Na.
22	Did the argenization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	, , , , , , , , , , , , , , , , , , , ,	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
20	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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		_ 55		
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	gan	(2020)
0E1030	1.000 7217DG P091 1/5/2022 2:28:52 PM V 20-7.10 004244-000	i-oim		(2020) AGE 5

Form 990 (2020) Page 5

Par	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			i
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 37		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		3.5
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	_		3.7
	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		
	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	_		v
	and services provided to the payor?	7a		Х
	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	<b>7</b> .		Х
_	required to file Form 8282?	7c		
	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 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7.
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	Cross resolves, included on Form coo, Fait Vin, into 12, 101 public dec of olds fasilities.			
	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.)			i
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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			i
b	Enter the amount of reserves the organization is required to maintain by the states in which			i
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6

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

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	55			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	53			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ations	hip with			
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or uncontrol over management duties customarily performed by or uncontrol over management duties customarily performed by or uncontrol over management duties.	der th	e direct			
	supervision of officers, directors, trustees, or key employees to a management company or other per	erson	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to ele			_		37
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by					Х
	stockholders, or persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions under	rtake	n during			
	the year by the following:			0.0	Х	
a	The governing body?			8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?			00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte-			_	)	
	on 211 chaice (This cooken 2 requests information about pointed from the first	mari	10101140		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of s					
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	•		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	mg and				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests the					
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	olicv?	If "Yes."			
	describe in Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and	d app	roval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and c	ecision?			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to					
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeg	uard the	401		
- Coot	organization's exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed   Section 64.04 requires an experientian to make its Forms 1033 (4.034 or 1.034 A. if applicable)	000		/C = =	tion T	04/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that app		ana 990-1	(Sec	uon 5	U1(C)
	X Own website X Another's website X Upon request Other (explain on Sch		(0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum		,	inter	oct n	olicy
. 3	and financial statements available to the public during the tax year.	GIIIO,	COTTINUE O	milei	σοι μ	oney,
20	· · · · · · · · · · · · · · · · · · ·	ooks	and record	s <b>&gt;</b>		
	State the name, address, and telephone number of the person who possesses the organization's b DENNIS SCRUGGS, CFO 3116 ACADEMY DRIVE USAF ACADEMY, CO 80840 719-472-0300	55115	10001U	-		

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

### 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.

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

(A) Name and title	(B) Average hours per week (list any	box,	not ch unles er and	s pe d a d	more rson lirect	e than on the state of the stat	an tee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)MARK HILLE	40.00									
PRESIDENT/COO/DIRECTOR	0.	Х		Х				210,000.	0.	31,869.
(2) DENNIS SCRUGGS	40.00									
CFO	0.			Х				168,900.	0.	34,880.
(3) GREGORY KNEDLER	40.00									
VICE PRESIDENT	0.			Х				144,267.	0.	44,370.
(4)MICHAEL GOULD	40.00									
CEO/DIRECTOR	0.	Х		Х				161,539.	0.	18,867.
(5) JERMAINE JOHNSON	40.00									
VICE PRESIDENT	0.			Х				125,883.	0.	32,181.
(6) CHRISTOPHER BREWER	40.00									
VICE PRESIDENT	0.			Х				134,463.	0.	22,634.
(7) JACK N KUCERA	16.00									
CHAIR	0.	Х		Х				0.	0.	0
(8) ALEXANDER P GILBERT	8.00									
VICE CHAIR	0.	Х		Х				0.	0.	0
(9) APRIL SULLIVAN FITZGERALD	8.00									
SECRETARY	0.	Х		Х				0.	0.	0
(10) JEROME V BRUNI	8.00									
TREASURER	0.	Х		Х				0.	0.	0
(11) TERRANCE M DRABANT	8.00									
EXECUTIVE COMM	0.	Х		Х				0.	0.	0
(12) TERRENCE O'DONNELL	8.00									
EXECUTIVE COMM	0.	Х		Х				0.	0.	0
(13)R DAVID YOST	8.00									
EXECUTIVE COMM	0.	Х		Х				0.	0.	0
(14) DANA H BORN	2.00									
DIRECTOR	0.	Х						0.	0.	0

Form 990 (2020) Page

Part VII Section A. Officers, Directors	s, Trustees, Ke	y En	plo			and F	ligl	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	ss pe	ition more rson irect	e than o	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) stimated nount o other pensati	of ion
	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)	org an	om the anization d related anization	on d
15) MATTHEW J CARPENTER	2.00											
DIRECTOR	0.	Х						0	. 0.			
.6) JOHN D CHILDS	2.00											
DIRECTOR	0.	X						0	. 0.			
7) WILLIAM CLOHAN	2.00											
DIRECTOR	0.	X						0	. 0.			
8) LESLIE G DENEND	2.00											
DIRECTOR	0.	X						0	. 0.			
9) A TANNER DOSS	2.00											
DIRECTOR	0.	X						0	. 0.			
0) RALPH E EBERHART	2.00											
DIRECTOR	0.	X						0	0.			
1) LEONARD EKMAN	2.00											
DIRECTOR	0.	X						0	. 0.			
2) JOHN M FOX	2.00											
DIRECTOR	0.	X						0	0.			
3) JEFFREY M FRIENT	2.00											
DIRECTOR	0.	X						0	. 0.			
4) TIMOTHY J FYDA	2.00											
DIRECTOR	0.	X						0	0.			
5) BRIAN C GORNICK	2.00											
DIRECTOR	0.	X						0	0.			
1b Sub-total	·						<b>&gt;</b>	945,052.	0.		184,	801
c Total from continuation sheets to Part	VII, Section A						$\blacktriangleright$	0.	. 0.			C
d Total (add lines 1b and 1c)							$\blacktriangleright$	945,052.	0.		184,	801
2 Total number of individuals (including bu				d at	OOV	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organ	ization 🕨	(	5									
											Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete S										3		Х
4 For any individual listed on line 1a, is organization and related organization	s greater than	\$15	50,0	00?	If	"Yes	,"	complete Schedu	ıle J for such		v	
individual										4	X	
5 Did any person listed on line 1a received for services rendered to the organization?										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest	t compensated in	ndepe	ende	ent d	con	tracto	rs t	hat received more	e than \$100,000 d	f		

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ► 13

Page 8 Form 990 (2020)

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	unles	heck ss pe	rson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	or director	Institutional trustee	o Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
26) A BART HOLADAY	2.00									
DIRECTOR	0.	X						0	0.	C
27) BRAD HOSMER	2.00									,
DIRECTOR	0.	X						0	0.	С
28) RASHAD E HOWARD	2.00	37								
DIRECTOR 29) MAX F JAMES	2.00	X						0	0.	C
DIRECTOR	$$ $\frac{2.00}{0}$	X						0	0.	C
30) EDWARD R JAYNE II	2.00	Λ						0	. 0.	
DIRECTOR		X						0	0.	l c
31) PAUL G KAMINSKI	2.00	21							·	
DIRECTOR		Х						0	0.	
32) JONATHAN M KEYSER	2.00							-		
DIRECTOR	0.	Х						0	0.	C
33) J SCOTT KIRBY	2.00									
DIRECTOR	0.	Х						0	0.	(
34) MATTHEW KUTA	2.00									
DIRECTOR	0.	Х						0	0.	(
35) H MICHAEL LAMBERT	2.00									1
DIRECTOR	0.	Х						0	0.	C
36) P MICHAEL LEAHY	2.00									1
DIRECTOR	0.	X						0	0.	(
1b Sub-total							$\triangleright$	0.	0.	0.
c Total from continuation sheets to Part VII	•									<u> </u>
d Total (add lines 1b and 1c)							<u> </u>			L
2 Total number of individuals (including but n				d al	bov	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organizar	tion ►	- (	<u> </u>							
										Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete School										3 X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,0	00?	· If	"Yes	3,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive										
for services rendered to the organization? <i>If</i> Section B. Independent Contractors										5 X
•		- de :	- ا- م			4 m o = 4 -	<b></b> '		than \$100,000 -	
1 Complete this table for your five highest or compensation from the organization. Report										

year.

(A) Name and business address	(B) Description of services	(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 ▶

Form 990 (2020) Page **8** 

(A)	(B)			10	C)		lig	(D)	(E)		(F)	
Name and title	Average			•	ition			Reportable	Reportable	F	stimated	4
. va.ne and me	hours per	(do r	not ch			e than o	ne	compensation	compensation from		mount c	
	week (list any		box, unless person officer and a direct					from	related		other	_
	hours for related			0		or/trust		the	organizations		npensat rom the	
	organizations	r dir	stit	ffice	еу е	Highest co employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio	
	below dotted	dua	ltio	PF.	mpl	est c	еq	(***-2/1099-101130)		ar	nd relate	:d
	line)	Individual trustee or director	Institutional trustee		Key employee	l öğ				org	janizatio	ns
		stee	rust		Φ	) ens						
			ee			compensated ee						
37) EDWARD E LEGASEY	2.00											
DIRECTOR	† <u>-</u> 0.	Х						0	0.			(
38) STEPHEN R LORENZ	2.00											
DIRECTOR THROUGH 10/17/2020	† <u>-</u> 0.	Х						0	0.			(
39) EUGENE LUPIA	2.00											
DIRECTOR	† <u>-</u> 0.	Х						0	0.			(
10) STEVE MACLEOD	2.00											
DIRECTOR	† <u>-</u> 0.	Х						0	0.			(
11) PAUL S MADERA	2.00											
DIRECTOR	† <u>-</u> 0.	Х						0	0.			(
12) SARAH J MARSHALL	2.00											
DIRECTOR	† <u>-</u> 0.	Х						0	0.			(
13) JOHN W MARTIN	2.00											
DIRECTOR	† <u>-</u> 0.	Х						0	0.			(
14) JOHN H MARTINSON	2.00											
DIRECTOR	0.	Х						0	0.			(
45) RICHARD D MCCONN	2.00											
DIRECTOR	0.	Х						0	0.			(
46) GILBERT D MOOK	2.00											
DIRECTOR	0.	Х						0	0.			(
17) JOHN F OLIVE	2.00											
DIRECTOR	0.	Х						0	0.			(
1b Sub-total	1						<b>•</b>	0.	0.			0
c Total from continuation sheets to Part VII, S	ection A			• •			•					
d Total (add lines 1b and 1c)	_						<b>&gt;</b>					
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶	6	5									
											Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	ste	e, I	key e	mp	oloyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	lividu	ıal						3		Х
4 For any individual listed on line 1a, is the	sum of ren	ortah	ole n	om	pen	sation	ງ ລເ	nd other compens	sation from the			
organization and related organizations gr	eater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive or												
										I -	1	X
for services rendered to the organization? If "Y Section B. Independent Contractors	es," compie	te Scr	neau	iie J	TOF	sucn	per	son		5		

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Form 990 (2020) Page **8** 

Section A. Officers, Directors, 17	ustees, Ke	y ⊑n	ърю			and F	ııgı	1	ea Employees (d	continuea)
(A)	(B)			(C	-			(D)	(E)	(F)
Name and title	Average hours per	(do i	not ch	Posi neck		than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					is both		from	related	other
	hours for related					or/truste		the	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	stitu	Officer	Key employee	ghe	Forme	organization (W-2/1099-MISC)	(W-2/1099-WISC)	organization
	below dotted line)	dual	tion	7	nplo	st co	Ϋ.			and related organizations
	iiile)	trust	al tr		yee	mpe				organizations
		ee	Institutional trustee			Highest compensated employee				
40\ HADDY T DEADOR	2.00					ie d				
48) HARRY J PEARCE DIRECTOR	2.00	X						0	0.	0
49) CHARLES E PHILLIPS JR	2.00	Λ						0	. 0.	0
DIRECTOR	12.00	X						0	] 0.	0
50) GREGG C POPOVICH	2.00	Λ						0	. 0.	0
DIRECTOR	12:00	X						0	] 0.	0
51) EDWARD G REISDORF	2.00	- 21						0		0
DIRECTOR	<del>-</del> 0.	X						0	] 0.	0
52) ERVIN J ROKKE	2.00							0	·	0
DIRECTOR THROUGH 10/17/2020	1 0.	X						0	] 0.	0
53) MICHAEL P ROSS	2.00							-		
DIRECTOR	† <u>-</u> 0.	Х						0	] 0.	0
54) PAUL ROSSETTI	2.00									
DIRECTOR	†ō.	Х						0	. 0.	0
55) RICHARD T SCHLOSBERG III	2.00									
DIRECTOR	0.	Х						0	0.	0
56) DANIEL SCHNEPF	2.00									
DIRECTOR	0.	Х						0	0.	0
57) CHERYL L SHAVERS	2.00									
DIRECTOR	0.	Х						0	0.	0
58) THOMAS A STEIN	2.00									
DIRECTOR	0.	Х						0	0.	0
1b Sub-total							<b></b>	0.	0.	0.
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but not				d ab	oove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organizatio	n ▶		5							
										Yes No
3 Did the organization list any former office										- 7
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ııvidı	ıal .						3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gr										4 X
individual										4 X
5 Did any person listed on line 1a receive or										5 X
for services rendered to the organization? If "Y Section B. Independent Contractors	es, comple	ie SCI	ıeau	iie J	ior	sucn	per	SUII		5   X
4. Complete this table for your five highest com										,

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olgr	ve	es.	and F	lial	hest Compensat	ed Employe	es (co	ontinue		age <b>8</b>
(A)	(B)	<b>, _</b>			C)	<u> </u>	9.	(D)	(E)	100		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	erson	e than o	an ee)	Reportable compensation from the	Reportable compensation related organization	from	amo o	mated ount of ther ensatio	on
	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-M		orga and	m the nization related	ı
59) H WESLEY STOWERS	2.00	,								0			
DIRECTOR 60) WILLIAM E WECKER	2.00	Х						0 .	•	0.			(
DIRECTOR	0.	X						0.		0.			(
61) MARK A WELSH	2.00								1				
DIRECTOR	0.	Х						0.		0.			(
62) WAYNE WHALEN	2.00												
DIRECTOR THROUGH 10/17/2020	0.	Х						0.		0.			(
63) HUGH H WILLIAMSON	2.00												
DIRECTOR THROUGH 10/17/2020	0.	Х						0 .	•	0.			(
	ļ												
	<del></del>												
	<del></del>												
	†												
1b Sub-total							$\blacktriangleright$	0.		0.			0
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>						
d Total (add lines 1b and 1c)							_		<b>#</b> 4.00.000 - f				
2 Total number of individuals (including but not reportable compensation from the organizatio			iiste 5	a a	DOV	e) wno	э ге	eceived more than	\$100,000 01				
Toportable compensation from the organization												Yes	No
3 Did the organization list any former offic	er directo	or or	tri	ısta	_	kev e	mn	olovee or highes	t compensate	h		103	140
employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the													
organization and related organizations gr	eater than	\$15	50,0	00?	) If	"Yes	5,"	complete Schedu	le J for su	ch		37	
individual											4	X	
5 Did any person listed on line 1a receive or													X
for services rendered to the organization? If "Y Section B. Independent Contractors	es, comple	ie SCI	ieal	iie J	ııor	sucn	ρer	SUII		•	5		
Complete this table for your five highest com	nensated i	ndene	ende	ent i	COn	tracto	rs t	hat received more	than \$100 0	00 of			
compensation from the organization. Report of													
year.	•					-		-	•				
(A)								(B)			(C)		

(A) Name and business address	(B) Description of services	(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 ►

### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស្ល	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ي ۾	C	Fundraising events 1c					
fts, r A	d	Related organizations					
ig ii		Government grants (contributions) 1e					
ns, im	e	, , ,					
rio S	f	All other contributions, gifts, grants,	05 200 240				
bn		and similar amounts not included above . 1f	25,398,340.				
وَظِ	g	Noncash contributions included in	<b>n</b> 252 000				
Sor		lines 1a-1f		05.000.040			
	h	Total. Add lines 1a-1f		25,398,340.			
a)			Business Code				
Program Service Revenue	2a						
ser ue	b						
m S	С						
Jrai Re/	d						
o F	е						
₫.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	691,820.			691,820.
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	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	3,258,264.				
Ф	b	Less: cost or other basis					
evenue		and sales expenses 7b	3,232,469.				
eve	С	Gain or (loss) 7c	25,795.				
~	d	Net gain or (loss)		25,795.			25,795.
Other		Gross income from fundraising					
ŏ	8a	5					
		events (not including \$					
		of contributions reported on line  1c) See Part IV line 18 8a	0.				
			0.				
	b C	Less: direct expenses		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
			0.				
	b c	Less: direct expenses	·	0.			
		, , ,					
	10a	Gross sales of inventory, less returns and allowances	0.				
			0.				
	b c	Less: cost of goods sold  Net income or (loss) from sales of inventory		0.			
		The modifie of (1000) from sales of inventory.	Business Code	0.			
Snc		DDD I OAN	900099	644 600			644 600
nec	11a	PPP LOAN MICCELL ANEOUS DEVENUE		644,600.			644,600.
la ver	b	MISCELLANEOUS REVENUE	900099	4,088.			4,088.
Miscellaneous Revenue	C	-					
Ĕ	d	All other revenue					
	e_	Total. Add lines 11a-11d		648,688.			
	12	Total revenue. See instructions		26,764,643.			1,366,303.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8D,	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,566,677.	36,566,677.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
1	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
3	trustees, and key employees	1,129,852.		309,438.	820,414.
6	Compensation not included above to disqualified				<u></u>
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,818,888.	60,085.	481,693.	1,277,110.
8	Pension plan accruals and contributions (include				
·	section 401(k) and 403(b) employer contributions)	171,500.	5,981.	45,332.	120,187.
9	Other employee benefits	129,450.	9,250.	32,920.	87,280.
10	Payroll taxes	192,426.	4,126.	48,163.	140,137.
11	Fees for services (nonemployees):				
	Management	820,453.	667,045.	5,500.	147,908.
	Legal	60,462.	22,623.	37,839.	
	Accounting	25,140.		25,140.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	138,247.			138,247.
1	Investment management fees	0.			
Q	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0.			
12	Advertising and promotion	19,128.		800.	18,328.
13	Office expenses	62,459.	560.	9,681.	52,218.
14	Information technology	35,947.	305.	4,123.	31,519.
15	Royalties	0.			1 010
16	Occupancy	1,210.		6 220	1,210.
17	Travel	55,281.		6,338.	48,943.
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials		94.	12 024	707.
	Conferences, conventions, and meetings	12,835.	94.	12,034.	707.
20	Interest	0.			
21	Payments to affiliates	21,619.		1,117.	20,502.
22	Depreciation, depletion, and amortization	14,021.		14,021.	20,302.
23	Insurance	11,021.		11,021.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	PRINTING & COPYING	131,415.	8,661.	492.	122,262.
	POSTAGE & SHIPPING	57,409.	,	818.	56,591.
-	BANK FEES & CHARGES	116,628.	83,803.	32,825.	<u> </u>
-	EQUIPMENT	3,147.	700.	1,144.	1,303.
	All other expenses	168,165.		127,683.	40,482.
	Total functional expenses. Add lines 1 through 24e	41,752,359.	37,429,910.	1,197,101.	3,125,348.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
	J (	<u> </u>			Form <b>990</b> (2020)

Form 990 (2020) Page **11** 

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,000.	1	1,000.
	2	Savings and temporary cash investments	29,465,869.	2	31,468,700.
	3	Pledges and grants receivable, net	32,054,585.	3	20,303,105.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ğ	9	Prepaid expenses and deferred charges	59,876.	9	83,725.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 240,083.			
	b	Less: accumulated depreciation	45,767.	10c	28,891.
	11	Investments - publicly traded securities	38,821,196.	11	51,767,652.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	313,841.	15	340,045.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	100,762,134.	16	103,993,118.
	17	Accounts payable and accrued expenses	419,965.	17	1,420,536.
	18	Grants payable	15,369.	18	11,609,948.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,388,877.	25	1,514,206.
	26	Total liabilities. Add lines 17 through 25	1,824,211.	26	14,544,690.
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,761,692.	27	2,100,787.
ĕ	28	Net assets with donor restrictions	97,176,231.	28	87,347,641.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
χA	32	Total net assets or fund balances	98,937,923.	32	89,448,428.
Net	33	Total liabilities and net assets/fund balances	100,762,134.	33	103,993,118.
		Total nashing and not according salahood, , , , , , , , , , , , , , , , , , ,	200,.02,201.	JJ	Form <b>990</b> (2020)

Form 990 (2020) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2		41,7		
3	Revenue less expenses. Subtract line 2 from line 1	3	_	14,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		98,9		
5	Net unrealized gains (losses) on investments	5		5,8	59,7	739.
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	61,5	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		89,4	48,4	28.
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	xplair	n in			
	Schedule O.			_		37
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 com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			26	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Δ.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed o	n a			
	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	_		2c	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta If the organization changed either its oversight process or selection process during the tax year, ex			20		
		cpiain	on			
2.0	Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	tho			
3 a	As a result of a rederal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	ui II)	ше	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erac	the	-		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b		

### 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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization AIR FORCE ACADEMY FOUNDATION 26-0537053 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2020

(E)

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,928,102.	12,979,779.	26,452,495.	29,518,101.	25,201,789.	108,080,266.
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	13,928,102.	12,979,779.	26,452,495.	29,518,101.	25,201,789.	108,080,266.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4						26,119,152.
6	• • • • • • • • • • • • • • • • • • • •						81,961,114.
	tion B. Total Support	( ) 0040	(1) 0047	( ) 0040	( 1) 0040	( ) 0000	(O.T. )
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	13,928,102.	12,979,779.	26,452,495.	29,518,101.	25,201,789.	108,080,266.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	478,474.	696,922.	869,893.	1,155,601.	874,125.	4,075,015.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	100.	1,569.	3,070.	3,012.	648,688.	656,439.
11	Total support. Add lines 7 through 10						112,811,720.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2020 (li	. ,				14	72.65%
15	Public support percentage from 2019					15	74.61 <b>%</b>
16a	331/3% support test - 2020. If the org	=					
	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2019. If the org						
	this box and <b>stop here</b> . The organization	•		_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets			_	-		
	organization						
18	Private foundation. If the organization						
	instructions					shadula A (Farm 0	

Schedule A (Form 990 or 990-EZ) 2020 Page 3

### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, р	p	,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3							
	furnished by a governmental unit to the						
e	organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C	line 6.)						
	tion B. Total Support	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(6) 2016	(a) 2019	(e) 2020	(I) Total
9	Amounts from line 6. Gross income from interest, dividends,						
iva	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						
	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.)		<u> </u>				
14	First 5 years. If the Form 990 is for	ŭ	•		•		` ` ` `
	organization, check this box and stop here						▶
	tion C. Computation of Public Supp			(4))		T .= 1	
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lin		•			17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than $331/3\%$ , check		-	•		• •	. —
20	Private foundation If the organization of	lid not chack '	a hov on line 1	1 10a or 10h	chack this hav	and con inetru	ctions -

Schedule A (Form 990 or 990-EZ) 2020 Page 4

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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.
  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).
  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- lines 3b and 3c below.

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

		Yes	No
ng			
by			
-	1		
JS			
ed			
	2		
er			
	3a		
nd			
he			
	3b		
B)			
	3с		
If			
	4a		
gn			
on	AL		
	4b		
on od			
ed B)			
(ם	4c		
~ "	46		
s," IN			
n;			
ii, on			
	5a		
4.7			
yk	5b		
	5c		
to			
ed			
or			
	6		
or			
ty			
-	7		
7?			
	8		
re			
าร			
	9a		
h			
	9b		
fit			
	9с		
on			
ed			
	10a		
to			

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	IV Supporting Organizations (continued)			i age o
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion 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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		<i>-</i>	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2 a	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 <b>Part VI identify those supported organizations and explain</b> 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.	<b>2</b> a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>If</i> "Yes" or "No," provide details in <i>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? <i>If</i> "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	n in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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):	1e		
2		2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting	organization
	(see instructions).	,		, - g

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7** 

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3			3		
4	4 Amounts paid to acquire exempt-use assets 4			4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5			5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.			8		
9	9 Distributable amount for 2020 from Section C, line 6 9			9		
10	10 Line 8 amount divided by line 9 amount			10		
			(ii)		/iii)	

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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 -	ATTACHMENT 1					
	0016	0015	0010	0010	2000	mom. r
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	100.	1,569.	3,070.	3,012.	648,688.	656,439.
TOTALS	100.	1,569.	3,070.	3,012.	648,688.	656,439.

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

### 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

**2020** 

**Employer identification number** 

AIR FORCE ACADEMY FOUNDATION 26-0537053 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor exttt{X} 
floor$  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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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

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) (2020)

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).

Name of organization AIR FORCE ACADEMY FOUNDATION

Employer identification number

			20-053/053
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 4,712,498.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Person **Payroll** 

Noncash (Complete Part II for noncash contributions.)

Person **Payroll** 

Noncash (Complete Part II for noncash contributions.)

Χ

(d)

Type of contribution

Χ

5

(a)

No.

6

N/A

N/A

(b)

Name, address, and ZIP + 4

511,060.

500,000.

(c)

**Total contributions** 

\$

Employer identification number 26-0537053

			20-0537053
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$ 249,310.	Person   X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$\$	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Employer identification number 26-0537053

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	N/A	\$\$170,509.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$\$119,614.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number 26-0537053

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	N/A	\$115,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	N/A	\$113,235.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	N/A	\$106,955.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	N/A	\$104,671.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	N/A	\$102,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	N/A	\$100,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number 26-0537053

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) (d) Total contributions Type of contribution				
25	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
26	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
27	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
28	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
29	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
30	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number 26-0537053

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
31	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	N/A	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
34	N/A	\$68,894.	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
35	N/A	\$60,137.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36	N/A	\$56,829.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number 26-0537053

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
37	N/A	\$54,700.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38	N/A	\$51,836.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39	N/A	\$50,426.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
41_	N/A	\$50,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
42	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number 26-0537053

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43	N/A	\$\$8,698.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
44	N/A	\$48,046.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
45	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
46	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
47	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
48	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AIR FORCE ACADEMY FOUNDATION

Employer identification number 26-0537053

**Payroll** 

Noncash (Complete Part II for noncash contributions.)

21,000.

Part I	<b>Contributors</b> (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	
49	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
50_	N/A		Person X	

\$

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$35,836.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	N/A	\$34,650.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$32,349.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Person **Payroll** 

Noncash (Complete Part II for noncash contributions.)

Type of contribution

Χ

Χ

No.

54

N/A

Name, address, and ZIP + 4

31,139.

**Total contributions** 

\$

Employer identification number 26-0537053

Part I	Contributors (see instructions).	Use duplicate copies of P	art I if additional space is ne	eded.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55_	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56	N/A	\$ 29,405.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
57	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
58	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
59_	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
60	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

			20-0537053
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A		Person X

**Payroll** 

Noncash (Complete Part II for noncash contributions.)

20,740.

\$

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
67	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	N/A	\$19,729.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	N/A	\$19,672.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	N/A	\$19,336.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AIR FORCE ACADEMY FOUNDATION

Employer identification number

			20-0537053
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	\$\$19,314.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d) Type of contribution

Person **Payroll** 

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Χ

Χ

(a)

No.

77

(a)

No.

78

N/A

N/A

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

16,000.

15,000.

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed
art I	<b>Contributors</b> (see instructions).	Use duplicate copies of Part I if additional space is neede

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
79_	N/A	\$15,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
80	N/A	\$15,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
81	N/A	\$15,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
82	N/A	\$14,909.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
83	N/A	\$14,759.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
84	N/A	\$14,672.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number 26-0537053

			20 0337033
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	N/A	\$\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	N/A		Person X

Noncash (Complete Part II for noncash contributions.)

13,000.

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
91_	N/A	\$12,931.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
92_	N/A	\$12,664.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
93_	N/A	\$12,471.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
94	N/A	\$12,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
95_	N/A	\$12,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
96	N/A	\$12,000.	Person  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	
97	N/A	\$11,900.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
98	N/A	\$ 11,687.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
99	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
100	N/A	\$11,479.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
101	N/A	\$\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
102	N/A	\$11,250.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions).	Use duplicate copies of Pa	art I if additional space is ne	eded.
	41.)		4.3	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
103	N/A	\$11,191.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
104	N/A	\$11,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
105_	N/A	\$11,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
106	N/A	\$11,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
107_	N/A	\$11,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
108	N/A	\$11,000.	Person  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		
109_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
110	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
112	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
113	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_114	N/A	\$ \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		

Employer identification number

			26-0537053
Part I	Contributors (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
115	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	N/A	\$\$	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
_118	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
121	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
122	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
123	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_124_	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
125	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
126	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	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) (d) Total contributions Type of contribution			
127_	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
128_	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
129_	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
_130_	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
131	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
_132	N/A	Person 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		
133	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
134	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
135	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
136	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
137	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
138	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

			20 0337033
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A	\$\$,912.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	N/A	\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141	N/A	\$\$, 9,840.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144	N/A	\$ 9,772.	Person 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			
145	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
146	N/A	\$\$,740.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
147	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
148	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
149	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
150	N/A	\$\$,740.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of P	tions). 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 contr		
No.	Name, address, and ZIP + 4	Total contributions	Type of co		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	N/A	\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154	N/A	\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.			
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155			
(a) No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for

(a)	(b)	(c)	(d)
157	Name, address, and ZIP + 4	### Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	N/A	\$\$,712.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159	N/A	\$\$,706.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	N/A	\$\$,	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161	N/A	\$\$, 9,697.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162	N/A	\$\$,681.	Person 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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
163_	N/A	\$9,670.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_164	N/A	\$9,657.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
165_	N/A	\$9,654.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
166	N/A	\$9,626.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
167	N/A	\$9,598.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
168	N/A	\$9,542.	Person 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			
169	N/A	\$\$, 9,481.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
170	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
171	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
172	N/A	\$\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
173	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
174	N/A	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number 26-0537053

			20-053/053
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
_175_	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_176_	N/A	\$\$ 8,540.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178_	N/A	\$ \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179_	N/A	\$\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_180	N/A	\$\$ 8,305.	Person Payroll Noncash (Complete Part II for

noncash contributions.)

			20-0537053
Part I	Contributors (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
181	N/A	\$\$ 8,200.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182	N/A	\$ \$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183	N/A	\$\$ 8,057.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	N/A	\$\$ 8,025.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_186	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

			20 0337033
Part I	Contributors (see instructions). Use duplicate copie	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
187	N/A	\$7,952.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189	N/A	\$7,900.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190	N/A	\$7,900.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

			20-053/053
Part I	Contributors (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
193	N/A	\$\$ 7,900.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194	N/A	\$\$	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
195	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197	N/A	\$\$ 7,900.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198_	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
199	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
200	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
201	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
202	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
203	N/A	\$\$, 7,616.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
204	N/A	\$	Person Payroll Noncash (Complete Part II for

			20-0537053
Part I	Contributors (see instructions). Use duplicate copie	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
205	N/A	\$ 7,576.	Person   X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206	N/A	\$ 7,575.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209	N/A	\$\$ 7,450.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
210	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			26-0537053
Part I	Contributors (see instructions). Use duplicate copie	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
211_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212	N/A	\$\$, 7,125.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213_	N/A	\$ \$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214_	N/A	\$ \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_215_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216	N/A	 \$6,571.	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217_	N/A	\$\$6,319.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218	N/A	\$6,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219	N/A	\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220	N/A		Porson

_220_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

			20-053/053
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	N/A	\$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
224	N/A	\$ \$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225	N/A	\$\$	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	N/A	\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227	N/A	\$\$ 5,785.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_228_	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

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

	Commission (coo monaction). Coo duplicate copies of		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_229_	N/A	- - \$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_230_	N/A	- - \$\$5,285.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_231_	N/A	- - \$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_232_	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_234	N/A	- \$\$	Person 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
235	N/A	\$ 5,137.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_236_	N/A	\$5,100.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_237	N/A	\$5,100.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238	N/A	\$ 5,071.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239	N/A	\$5,050.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_240	N/A	\$ 5,000.	Person  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
241	N/A	\$\$.	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
242	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_244	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246	N/A	\$ \$	Person 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
247	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
248	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
249	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
250	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
252	N/A	\$\$,000.	Person 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
253	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258_	N/A	\$5,000.	Person 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	
259	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
260	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
261	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
262	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
263	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
264_	N/A	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

			20-053/053
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
266	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
267	N/A	\$\$	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
268	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
269	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
270	N/A	\$	Person  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	
271	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Name of organization AIR FORCE ACADEMY FOUNDATION

**Employer identification number** 26-0537053

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

r are ii	Trondant Toporty (000 mondono). 000 daphodio opioo o	a aaamona opass is nos	aca.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	STOCK TRANSFER/GIFT	_	
			12/09/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	SENIOR INTERACTION DESIGNER	_	
		\$104,671.	10/30/2020
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
38_	STOCK TRANSFER/GIFT	_	
			12/17/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
46	IN FLIGHT HOURS FOR FOOTBALL RECRUITING	_	
		\$	12/08/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47_	ARTWORK - PAINTING	_	
			07/17/2020
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54_	STOCK TRANSFER/GIFT	_	
			03/05/2020

Name of organization AIR FORCE ACADEMY FOUNDATION

**Employer identification number** 26-0537053

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
56_	ART - SCULPTURE		
		\$3,955.	10/16/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
69	REMOTELY PILOTED AIRCRAFTS		
		\$	02/19/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
172_	STOCK TRANSFER/GIFT		
		\$\$.	10/13/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
219	LIGHTBAR INDICATOR		
		\$	06/26/2020
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
224	HOSTED EVENT		
		\$6,000.	03/17/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
238	STOCK TRANSFER/GIFT		
		\$5,071.	09/15/2020

Name of organization AIR FORCE ACADEMY FOUNDATION

**Employer identification number** 26-0537053

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
271	STOCK TRANSFER/GIFT		
		\$10,640.	10/08/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 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. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AIF	FORCE ACADEMY FOUNDATION	26-0537053
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified transferred extinguished.	nated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
_	<b>&gt;</b> \$	470 (1) (1) (D) (D)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe now the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	ai statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a		a statement and halance sheet works
ıu	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes th	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or rese	atement and balance sheet works of
	provide the following amounts relating to these items:	salon in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>⊳</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	30, p. 0
а		<b>▶</b> \$
b	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$

Schedule D (Form 990) 2020 Page **2** 

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Tre	asures, c	or Other	Similar Assets (		rage =
3	Using the organization's acquisition	on, accession, an	d other reco	ds, checl	c any of the	ne follow	ring that make sig	nificant use	of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan	or exchang	ge prograi	m		
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organ	nization's collection	ons and expl	ain how t	hey furthe	er the or	ganization's exemp	t purpose ir	n Part
	XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
	assets to be sold to raise funds rath		intained as pa	art of the	organizatio	n's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition answered "	Yes" on For	m 990, F	Part IV, lin	e 9, or r	eported an amou	nt on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trus								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and co	mplete the fo	llowing tab	ole:				
							Amount	t	
С	Beginning balance					3			
d	Additions during the year				10	t			
е	Distributions during the year					•			
f	Ending balance								
	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check	here if the e	xplanation	has been	provided	on Part XIII		
Pa	rt V Endowment Funds.								
	Complete if the organiza		1						
		(a) Current year	(b) Prid	or year	(c) Two ye	ears back	(d) Three years back	(e) Four year	s back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	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	ar end balanc	e (line 1g,	column (a	)) held as	:		
а	Board designated or quasi-endown	nent ▶	%						
b	Permanent endowment	%							
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession o	f the organiza	ation that	are held a	nd admir	nistered for the	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
_	If "Yes" on line 3a(ii), are the relate	•	•					3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation answered	"Yes" on Fo	rm 990.	Part IV. lir	ne 11a. S	See Form 990. Pa	art X. line 1	0.
	Description of property	(a) Cos	t or other basis	(b) Cost	or other basis	(c) Acc	cumulated (e	d) Book value	
_		(in	vestment)	(0	ther)	depr	eciation		
1a	Land								
b	Buildings				11,750.		11 750		
C	Leasehold improvements			-			11,750.	2.0	001
d	Equipment				228,333.	.	99,442.	۷४,	891.
	Other		000 D	V 1	- (D) !'···	10- \		2.0	0.01
ıota	I. Add lines 1a through 1e. (Column	ı (a) must equal F	orm 990, Part	x, colum	ກ ( <i>ʁ), line</i> 1	IUC.)	▶	28,	891.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	). Part IV. line 11b. See Form 990. Par	rt 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 val	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Par	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(h) more than a form 000 Part V and (D) fine 40 )			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) .   Other Assets.			
rait ix	Complete if the organization answered	"Yes" on Form 990		
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(6) (7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			90, Part X,
		tion of liability	I	(h) Pook volus
1. (1) Fede	ral income taxes	tion of hability		(b) Book value
	NDS OF AFA LIBRARY			1,509,982.
	IBLE SPENDING ACCOUNT			4,224.
(4)				1,221
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			1,514,206.
	or uncertain tax positions. In Part XIII, provide the			eports the

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	32,419,035.
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	6,015,910.
3	Subtract line 2e from line 1	3	26,403,125.
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		
b	Other (Describe in art Air.)	4c	361,518.
С 5	Add lines 4a and 4b	5	26,764,643.
Part		_	20770170131
I air	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	41,908,530.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	156,171.
3	Subtract line 2e from line 1	3	41,752,359.
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		
b	Other (Describe in Part XIII.)	4-	
- C	Add lines 4a and 4b	4c 5	41,752,359.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	41,732,337.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

#### 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 NETTED WITH REVENUE FOR AUDIT SHOWN AS ADJUSTMENT

TO NET ASSETS UNDER FORM 990 PART XI LINE 9: \$352,721

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: \$8,797

-----

TOTAL \$361,518

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number

AIR	FORCE ACADEMY FOUNDATION					26-0537053	
Par	Fundraising Activities. Completer Form 990-EZ filers are not requ				Yes" on Form 99	0, Part IV, line 17	7.
1	Indicate whether the organization raise	•			activities. Check a	Il that apply.	
а	X Mail solicitations	е	Solic	itation of r	non-government g	rants	
b	X Internet and email solicitations	f	Solic	itation of	government grants	;	
С	X Phone solicitations	g	Spec	cial fundrai	ising events		
d	In-person solicitations						
2 a	Did the organization have a written or o	oral agreement v	with any ind	dividual (in	cluding officers, d	rectors, trustees, _	
b	or key employees listed in Form 990, F If "Yes," list the 10 highest paid individ compensated at least \$5,000 by the org	luals or entities				_	X Yes  No rundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(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			
1							
2	ATTACHMENT 1						
3							
4							
5							
6							
7							
8							
9							
10							
Tota	·			▶	341,336.	144,872.	196,463.
3	List all states in which the organizatio registration or licensing.	n is registered (	or licensed	to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2020

Page 2 Schedule G (Form 990 or 990-EZ) 2020

	events with gross receipts gre	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Kevenue					
eve	1 Gross receipts				
ב	2 Less: Contributions				
	3 Gross income (line 1 minus				
_	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
Ses	6 Rent/facility costs				
ixb∈ Lxb∈					
Direct Expenses	8 Entertainment				
_	9 Other direct expenses				
		4 th	(-1)		
	10 Direct expense summary. Add line	es 4 through 9 in coil	ımn (a)	🕨	
- 11	11 Net income summary. Subtract lit	ne 10 from line 3. col	umn (d)	•	
Par	11 Net income summary. Subtract lir  11 Gaming. Complete if the organization.	anization answered '			reported more than
Par		anization answered '	'Yes" on Form 990, F		
Par	rt III Gaming. Complete if the organization	anization answered '			reported more than  (d) Total gaming (add col. (a) through col. (c))
Par	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin	anization answered ' e 6a.	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Par	rt III Gaming. Complete if the organization	anization answered ' e 6a.	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Par	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin	anization answered ' e 6a.	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Expenses Revenue	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin	anization answered ' e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Expenses Revenue	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  Gross revenue  Cash prizes	anization answered ' e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Expenses Revenue	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	anization answered 'e 6a.  (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Par	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  Gross revenue  Cash prizes  Noncash prizes	anization answered 'e 6a.  (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or  (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Par Revenue Sesuedxa	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  1 Gross revenue  2 Cash prizes  3 Noncash prizes	anization answered 'e 6a.  (a) Bingo  Yes9	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	Part IV, line 19, or  (c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c))
Par Revenue Sesuedxa	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add line	anization answered 'e 6a.  (a) Bingo  Yes %  No  es 2 through 5 in colu	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	Part IV, line 19, or  (c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  1 Gross revenue  2 Cash prizes  3 Noncash prizes	anization answered 'e 6a.  (a) Bingo  Yes %  No  es 2 through 5 in colu	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	Part IV, line 19, or  (c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c))
Pliect Expenses Revenue	1 Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add line  8 Net gaming income summary. Su	Yes	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes% No  umn (d) aming activities:	Part IV, line 19, or  (c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col. (c))
Par Plied Expenses Revenue 9 a	1 Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  1 Gross revenue  2 Cash prizes  3 Noncash prizes	Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No  Imm (d) aming activities: in each of these state	Yes% No	(d) Total gaming (add col. (a) through col. (c))
Par Direct Expenses Revenue	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  1 Gross revenue  2 Cash prizes  3 Noncash prizes  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 orgals the organization licensed to con-	Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No  Imm (d) aming activities: in each of these state	Yes% No	(d) Total gaming (add col. (a) through col. (c))
Par Plied Expenses Revenue 9 a	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin  1 Gross revenue  2 Cash prizes  3 Noncash prizes  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 orgals the organization licensed to confit "No," explain:	Yes 9 No es 2 through 5 in columbtract line 7 from line anization conducts gaduct gaming activities	(b) Pull tabs/instant bingo/progressive bingo  Yes% No  umn (d) aming activities: s in each of these state	Yes% No	(d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990 or 990-EZ) 2020
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	·
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(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 2020 WAS
\$3	295.
73,	

Schedule G (Form 990 or 990-EZ) 2020

#### ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

CEDAR RAPIDS
IA 52404

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
RUFFALO NOEL LEVITZ, LLC	SOLIC. OF	YES NO			
1025 KIRKWOOD PARKWAY SW	DONATIONS	X	341,336.	144,872.	196,463.

# SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

varie of the organization						Employer Identification	
AIR FORCE ACADEMY FOUNDATION						26-053705	3
Part I General Information on Grants and							
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	ce?					X Yes No
							"
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
(a) Name and address of organization or 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							
2304 CADET DRIVE COLORADO SPRINGS, CO 80840			17,838,460.	18,131,446.	SEE PART IV	THIRD PARTY PAYMENTS	SCHOLAR FEES, FURNIT
(2) ASSOCIATION OF GRADUATES OF THE USAFA							GENERAL ASSISTANCE T
3116 ACADEMY DRIVE	84-0580665	501(C)(3)	909,646.				PROGRAMS
(3) AIR FORCE ACADEMY ATHLETIC CORPORATION							
2168 FIELDHOUSE DRIVE	45-4331061	501(C)(3)	625,915.	45,400.	FMV	THIRD PARTY PAYMENTS	USAFA ATHLETIC PROGR
(4) FALCON FOUNDATION							
3116 ACADEMY DRIVE	75-6016930	501(C)(3)	26,394.				GENERAL ASSISTANCE T
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
12)							
2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tal	 nle			3.
3 Enter total number of other organizations list	_	-					1.
						_	

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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					
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.

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

Schedule I (Form 990) (2020)

Schedule I (Form 990) (2020)

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					
1					

**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.

Schedule I (Form 990) (2020)

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>(b)</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					
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.

SCHEDULE I, PART II LINE 1 COLUMN F

METHOD OF VALUATION: ACTUAL COSTS, FMV, APPRAISAL

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AIR FORCE ACADEMY FOUNDATION

Employer identification number

26-0537053

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

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

#### 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-MIS	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)	135,539.	26,000.	0.	17,949.	918.	180,406.	
1CEO/DIRECTOR	(ii)	0.	0.	0.				
MARK HILLE	(i)	195,000.	15,000.	0.	21,667.	10,202.	241,869.	
2PRESIDENT/COO/DIRECTOR	(ii)	0.	0.	0.				
DENNIS SCRUGGS	(i)	154,500.	14,400.	0.	18,722.	16,158.	203,780.	
3CFO	(ii)	0.	0.	0.				
GREGORY KNEDLER	(i)	137,167.	7,100.	0.	15,985.	28,385.	188,637.	
4VICE PRESIDENT	(ii)	0.	0.	0.				
CHRISTOPHER BREWER	(i)	127,813.	6,650.	0.	14,896.	7,738.	157,097.	
5VICE PRESIDENT	(ii)	0.	0.	0.				
JERMAINE JOHNSON	(i)	119,633.	6,250.	0.	13,942.	18,239.	158,064.	
6VICE PRESIDENT	(ii)	0.	0.	0.				
	(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) 2020

Schedule J (Form 990) 2020

### Part | 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 M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

AIR FORCE ACADEMY FOUNDATION

Employer identification number 26-0537053

Par	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	Х	2.	38,955.	FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		25.	3,003,883.	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		Г	27.750				
25	Other ►( ATCH 1 )		5.	37,750.				
26	Other ►()							
27	Other ►()							
	Other ►(							
29	Number of Forms 8283 received				29			
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	29		Yes	No
200	During the year, did the organizat	ion roccivo	by contribution any propo	rty reported in Part I line	c 1 through		163	NO
Jua	28, that it must hold for at least the				_			
	to be used for exempt purposes for					30a		Х
h	If "Yes," describe the arrangement i		ording period:			Jua		
31	Does the organization have a		ance nolicy that require	s the review of any	nonstandard			
J 1	contributions?					31	Х	
322	Does the organization hire or use							
JZa	contributions?	-		•		32a	Х	
h	If "Yes," describe in Part II.					- Lu		
	If the organization didn't report an	amount in c	olumn (c) for a type of pro-	perty for which column (a)	) is checked			
	describe in Part II.		5.5 (5) 151 a typo of pro		, .5 0110011001,			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2** 

**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 \$2,779,922 OF PUBLICLY TRADED SECURITIES DURING 2020 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) (2020)

Schedule M (Form 990) (2020) Page **2** 

**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
TAEKWONDO EQUIPMENT	X	1.	4,000.	FMV
REMOTELY PILOTED AIRCRA	AFT X	1.	20,000.	FMV
CLASS RING	Х	1.	3,700.	FMV
SPACE JOURNALS	Х	1.	9,950.	FMV
LIGHTBAR INDICATOR	Х	1.	100.	FMV
TOTALS	-	5.	37,750.	

#### 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 26-0537053

AIR FORCE ACADEMY FOUNDATION

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 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 DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 17:

THE ORGANIZATION HAS REGISTERED OR BEEN NOTIFIED THAT REGISTRATION IS NOT

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization

AIR FORCE ACADEMY FOUNDATION

Employer identification number

26-0537053

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 -\$352,722

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - \$8,796

\_\_\_\_

TOTAL -\$361,518

FORM 990 AMENDED RETURN

TAXPAYER IS AMENDING THEIR 2020 FORM 990 DUE TO INADVERTENTLY OMITTING SCHEDULE I FROM THE ORIGINAL TIMELY FILED TAX RETURN. SCHEDULE I IS

INCLUDED IN THE AMENDED RETURN.

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

HELEN & ARTHUR FND

237,987.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization Employer identification number 26-0537053 AIR FORCE ACADEMY FOUNDATION ATTACHMENT 1 (CONT'D)

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RUFFALO CODY HOLDINGS LLC 1025 KIRKWOOD PARKWAY SW CEDAR RAPIDS, IA 52404	PROFESSIONAL FUNDRAI	157,996.
DOUGLAS R LINDSAY 6111 MASHIE COURT PARKVILLE, MO 64152	JOURNAL OF CHARACTER	150,000.
JAMES J NANCE 4617 LONETREE DR LOVELAND, CO 80537	SCULPTOR ARTIST	160,000.
BLACKDOG CRITICAL FACILITIES 2977 SOVEREIGN VIEW COLORADO SPRINGS, CO 80920	PROJECT MANAGEMENT	163,560.