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SCANNED OCT 04 2010

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A\* For the 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AIR FORCE ASSOCIATION</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>1501 LEE HIGHWAY 400</b> City or town, state or country, and ZIP + 4 <b>ARLINGTON, VA 22209-1198</b>	<b>D</b> Employer identification number <b>52-6043929</b>
		<b>E</b> Telephone number <b>703-247-5800</b>
		<b>G</b> Gross receipts \$ <b>13,565,244.</b>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F</b> Name and address of principal officer: <b>MICHAEL DUNN</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.AFA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>1956</b> <b>M</b> State of legal domicile: <b>VA</b>

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROMOTE AIR FORCE AIRPOWER AND EDUCATE THE PUBLIC.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>66</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>25</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,333,511.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,168,087.</b>	<b>1,528,160.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,562,984.</b>	<b>7,895,018.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-232,414.</b>	<b>180,110.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>89,474.</b>	<b>122,500.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>9,588,131.</b>	<b>9,725,788.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>405,493.</b>	<b>343,058.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,813,121.</b>	<b>5,250,783.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (A), line 25) ▶ <b>834,585.</b>	<b>52,717.</b>	<b>79,711.</b>
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11f-24f)	<b>7,552,660.</b>	<b>6,693,003.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,823,991.</b>	<b>12,366,555.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-3,235,860.</b>	<b>-2,640,767.</b>
	<b>20</b> Total assets (Part X, line 1a)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 2a)	<b>19,449,603.</b>	<b>21,943,568.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,148,419.</b>	<b>13,696,578.</b>	
		<b>7,301,184.</b>	<b>8,246,990.</b>

<b>Part II Signature Block</b>			
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer: <i>David Buckwalter</i> Date: <b>9/23/2010</b>		
Type or print name and title: <b>DAVID BUCKWALTER, EXECUTIVE VICE PRESIDENT</b>			
<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>J. Larson</i>	Date: <b>9/21/10</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <b>LARSONALLEN LLP</b> <b>2900 SOUTH QUINCY ST., SUITE 150</b> <b>ARLINGTON, VA 22206</b>	EIN ▶	Preparer's identifying number (see instructions)
Phone no ▶ <b>703-998-5100</b>			
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

616 14

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**THE AIR FORCE ASSOCIATION (AFA) IS AN INDEPENDENT, NONPROFIT, CIVILIAN EDUCATION ORGANIZATION PROMOTING PUBLIC UNDERSTANDING OF AEROSPACE POWER AND THE PIVOTAL ROLE IT PLAYS IN THE SECURITY OF THE NATION. AFA PUBLISHES AIR FORCE MAGAZINE, CONDUCTS NATIONAL SYMPOSIA AND**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? ☐ Yes ☒ 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 ☒ No  
 If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**SEE SCHEDULE O FOR CONTINUATION(S)**

- 4a (Code ) (Expenses \$ 2,632,935. including grants of \$ ) (Revenue \$ 947,853. )  
**BRIEFINGS & SYMPOSIA -**  
**AFA SPONSORS COMPREHENSIVE BRIEFINGS BY KEY AIR FORCE AND DOD LEADERS AT NATIONAL SYMPOSIA ACROSS THE COUNTRY. THESE SYMPOSIA ARE KEYED TO TOPICAL AEROSPACE AND DEFENSE ISSUES. THE SCHEDULE FOR 2009 INCLUDED THE AIR & SPACE CONFERENCE AND TECHNOLOGY EXPOSITION IN WASHINGTON, D.C. (SEPTEMBER 2009); A NATIONAL SYMPOSIUM IN LOS ANGELES, CA (NOVEMBER 2009); AND THE AIR WARFARE SYMPOSIUM IN ORLANDO, FL (FEBRUARY 2009). AFA ALSO SUPPORTS THE OUTSTANDING SQUADRON DINNER WHICH HONORS THE AIR FORCE ACADEMY'S TOP CADET SQUADRON. AT ITS NATIONAL CONVENTION, AFA HOSTS A DINNER FOR THE AIR FORCE'S TWELVE OUTSTANDING AIRMEN OF THE YEAR. AFA ALSO CONDUCTS AN EXTENSIVE ANNUAL AWARDS PROGRAM TO HONOR TOP AIR FORCE PROFESSIONALS IN KEY CAREER FIELDS.**
- 4b (Code ) (Expenses \$ 3,993,844. including grants of \$ ) (Revenue \$ 150,261. )  
**AIR FORCE MAGAZINE -**  
**EACH MONTH, AFA PUBLISHES AIR FORCE MAGAZINE, A HIGHLY REGARDED AEROSPACE JOURNAL THAT REACHES THE DESKS OF THOSE IN THE HIGHEST LEVEL OF GOVERNMENT, INDUSTRY, DEFENSE, BUSINESS, ACADEMIA, AND THE MEDIA. IT IS READ FOR ITS AUTHENTICITY, ACCURACY AND INVESTIGATIVE SPIRIT IN REPORTING AEROSPACE AND DEFENSE MATTERS. THE CURRENT MONTHLY CIRCULATION IS 122,200. AFA PUBLISHES SEVERAL WIDELY DISTRIBUTED NEWSLETTERS: "NEWSLINE", WHICH CONSOLIDATES THE ADMINISTRATIVE AND OPERATIONAL NEWS FROM AFA HEADQUARTERS TO AFA FIELD LEADERS; AND THE "VISIONS" NEWSLETTER, WHICH HIGHLIGHTS SUBJECTS AND EVENTS THAT ARE OF INTEREST TO AEROSPACE-ORIENTED CLASSROOMS. THE ASSOCIATION ALSO PUBLISHES ITS ANNUAL STATEMENT OF POLICY AND TOP ISSUES AND,**
- 4c (Code ) (Expenses \$ 2,088,927. including grants of \$ ) (Revenue \$ 2,175,531. )  
**MEMBERSHIP -**  
**AFA IS A PROFESSIONAL ORGANIZATION THAT REPRESENTS THE ENTIRE AIR FORCE FAMILY - ENLISTED, OFFICER, ACTIVE DUTY AND RETIRED, GUARD, RESERVE AND CIVILIAN. OUR MISSION IS TO EDUCATE THE PUBLIC ON THE IMPORTANCE OF AEROSPACE POWER, ADVOCATE FOR A STRONG NATIONAL DEFENSE, AND TAKE CARE OF OUR OWN. THE GENERAL BILLY MITCHELL INSTITUTE PROMOTES AIR POWER INITIATIVES THROUGH SPECIAL MEDIA PRESENTATIONS AND ADVOCACY EFFORTS. WE ALSO PROVIDE GRANTS TO FURTHER AEROSPACE EDUCATION AND OFFER PROFESSIONAL DEVELOPMENT PROGRAMS. THROUGH OUR OUTREACH PROGRAMS AFA RECOGNIZES EXCELLENCE WITH A VARIETY OF NATIONAL AEROSPACE AWARDS AND IS RESPONSIBLE FOR THE CREATION OF THE AIR FORCE OUTSTANDING AIRMEN PROGRAM.**

- 4d Other program services. (Describe in Schedule O)  
 (Expenses \$ 1,451,181. including grants of \$ 335,670. ) (Revenue \$ )
- 4e Total program service expenses \$ 10,166,887.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b> N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>11</b> X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>12</b>	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>12A</b> Yes X No	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b>	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>15</b>	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<b>16</b>	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b> X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<b>20</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b> X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	<b>1a</b> 58		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 66		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country. <span style="float: right;">▶</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	N/A	<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter.			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	N/A	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter.			
<b>a</b> Gross income from members or shareholders.	N/A	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	19	
b Enter the number of voting members that are independent	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed: **AK, AZ, AR, CA, CT, DC, FL, HI, IL, KS, KY, LA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 703-247-5800**  
**1501 LEE HIGHWAY, NO. 400, ARLINGTON, VA 22209-1198**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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. Use Schedule J-2 if additional space is needed.

• 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH SUTTER CHAIRMAN OF THE BOARD	20.00	X		X				0.	0.	0.
JIM LAUDUCCI VICE CHAIRMAN, FIELD OPE	15.00	X		X				0.	0.	0.
S. SANFORD SCHLITT VICE CHAIRMAN, AEROSPACE	15.00	X		X				0.	0.	0.
JOAN SELL SECRETARY	5.00	X		X				0.	0.	0.
STEVEN R. LUNDGREN TREASURER	10.00	X		X				0.	0.	0.
TIMM DICKENS DIRECTOR	1.00	X						0.	0.	0.
JUSTIN FAIFERLICK DIRECTOR	1.00	X						0.	0.	0.
EMIL M. FRIEDAUER DIRECTOR	1.00	X						0.	0.	0.
ED GARLAND DIRECTOR	1.00	X						0.	0.	0.
PETER J. HENNESSEY DIRECTOR	1.00	X						0.	0.	0.
WAYNE R. KAUFFMAN DIRECTOR	1.00	X						0.	0.	0.
LARRY LAWSON DIRECTOR	1.00	X						0.	0.	0.
WILLIAM R. LOONEY III DIRECTOR	1.00	X						0.	0.	0.
ROD MCKINLEY DIRECTOR	1.00	X						0.	0.	0.
T. MICHAEL MOSELEY DIRECTOR	1.00	X						0.	0.	0.
F. WHITTEN PETERS DIRECTOR	1.00	X						0.	0.	0.
SCOTT VAN CLEEF DIRECTOR	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEN VERNAMONTI DIRECTOR	1.00	X						0.	0.	0.
JERRY E. WHITE DIRECTOR	1.00	X						0.	0.	0.
MICHAEL M. DUNN PRESIDENT/CEO	40.00			X				206,206.	51,552.	852.
DAVID BUCKWALTER VICE PRESIDENT	40.00			X				123,317.	30,829.	650.
WILLIAM TURNER ADVERTISING DIRECTOR	40.00				X			166,066.	0.	8,608.
ROBERT DUDNEY DIRECTOR OF PUBLICATIONS	40.00					X		130,271.	0.	8,597.
LAUREN BRICE IT DIRECTOR	28.00				X			83,341.	35,718.	956.
WILLIAM COX ASSISTANT COMPTROLLER	29.00				X			85,685.	32,445.	3,212.
JOHN SMITH COMPTROLLER	26.00				X			75,967.	40,906.	3,212.
MARY ELLEN DOBROWSKI DIRECTOR OF PROGRAMS AND	40.00				X			110,141.	0.	3,409.
<b>1b Total</b>								<b>980,994.</b>	<b>191,450.</b>	<b>29,496.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **12**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
RR DONNELLY POB 730216, DALLAS, TX 75373-0216	AF MAGAZINE PRINT DISTRIBUTION	760,940.
HUBBARD MARKETING GROUP, INC. PO BOX 1467, MIDDLEBURG, VA 20118-1467	DIRECT MAILING	212,426.
GETTINGS PRODUCTION, INC. 275 NORTH LAKE SHORE DRIVE, OCOEE, FL 34761	A&S CONFERENCE PRODUCTION SERVICES	193,828.
CHELSEA COURT 8 CHELSEA COURT, MARLTON, NJ 08053-2804	PRINTING SERVICES	183,635.
AVRICH AND ASSOCIATES 439 IVYLAND RD, WARMINSTER, PA 18974	MAILING SERVICES	138,251.

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 **5**

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	92,141.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,436,019.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f			1,528,160.				
Program Service Revenue	2 a AIR & SPACE CONFERENCE	Business Code	900099	3,622,553.	947,853.		267,470.
	b MEMBERSHIP DUES		900099	2,160,631.	2,160,631.		
	c MAGAZINE ADVERTISING		541800	1,273,292.		127,329.	
	d SYMPOSIUMS		900099	613,162.			613,162.
	e SUBSCRIPTION INCOME		900099	150,261.	150,261.		
	f All other program service revenue		541800	75,119.	14,900.	60,219.	
	g Total. Add lines 2a-2f			7,895,018.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			476,399.			476,399.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			47,585.			47,585.
	6 a Gross Rents	(i) Real (ii) Personal					
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-296,289.			-296,289.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		900099	74,915.			74,915.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			74,915.				
12 Total revenue. See instructions			9,725,788.	3,273,645.	133,351.	359,047.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	343,058.	343,058.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	599,287.	509,915.	71,770.	17,602.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,455,972.	2,813,087.	516,358.	126,527.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	722,881.	587,648.	108,617.	26,616.
9 Other employee benefits	200,512.	156,959.	39,198.	4,355.
10 Payroll taxes	272,131.	221,300.	40,131.	10,700.
11 Fees for services (non-employees)				
a Management				
b Legal	57,537.	57,537.		
c Accounting	54,028.	7,596.	46,432.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	79,711.			79,711.
f Investment management fees	133,970.	106,574.	27,396.	
g Other	666,380.	516,968.	102,579.	46,833.
12 Advertising and promotion				
13 Office expenses	2,036,349.	1,562,492.	34,874.	438,983.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	264,720.	253,115.	11,472.	133.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	113,346.	113,346.		
20 Interest	2,299.	2,249.	50.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,536.	57,197.	4,339.	
23 Insurance	93,371.	93,371.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>HOTEL AND RESTAURANT</b>	1,364,341.	1,352,725.	8,474.	3,142.
b <b>MAGAZINE PRODUCTION &amp; P</b>	946,897.	946,897.		
c <b>CHAPTER &amp; STATE COMMISS</b>	401,847.	401,847.		
d <b>VISIONS PROGRAM MATERIA</b>	198,760.	198,760.		
e <b>FACILITIES &amp; SERVICES</b>	175,643.	175,643.		
f All other expenses	121,979.	-311,397.	353,393.	79,983.
25 Total functional expenses. Add lines 1 through 24f	12,366,555.	10,166,887.	1,365,083.	834,585.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	3,329,757.	1	2,524,634.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,157,978.	4	431,000.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	71,815.	8	57,608.
	9 Prepaid expenses and deferred charges	174,252.	9	185,228.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 1,500,049.		
	b Less: accumulated depreciation	10b 1,112,306.	10c 227,093.	387,743.
	11 Investments - publicly traded securities	13,145,799.	11	16,968,581.
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	1,342,909.	15	1,388,774.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	19,449,603.	16	21,943,568.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,046,405.	17	1,832,447.
	18 Grants payable		18	
	19 Deferred revenue	1,706,741.	19	1,440,045.
	20 Tax exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	500,000.	24	300,000.
	25 Other liabilities. Complete Part X of Schedule D.	7,895,273.	25	10,124,086.
	26 <b>Total liabilities.</b> Add lines 17 through 25.	12,148,419.	26	13,696,578.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	6,373,177.	27	7,226,228.
	28 Temporarily restricted net assets	110,874.	28	149,439.
	29 Permanently restricted net assets	817,133.	29	871,323.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	7,301,184.	33	8,246,990.
	34 <b>Total liabilities and net assets/fund balances</b>	19,449,603.	34	21,943,568.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Open to Public Inspection**

52-6043929

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 )

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 \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

932021 02-08-10

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1405615.	1661395.	1842087.	2168087.	1528160.	8605344.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1405615.	1661395.	1842087.	2168087.	1528160.	8605344.
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)						543,830.
6 <b>Public support.</b> Subtract line 5 from line 4						8061514.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1405615.	1661395.	1842087.	2168087.	1528160.	8605344.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,557.	596,545.	750,000.	608,627.	523,984.	2570713.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1231247.	1558587.	1465215.	1333511.	5588560.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		30,690.	34,213.	70,450.	74,915.	210,268.
11 <b>Total support.</b> Add lines 7 through 10						16974885.
12 Gross receipts from related activities, etc. (see instructions)					12	23,913,192.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	47.49	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	53.03	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV)						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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



**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number

52-6043929

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	453,070.	746,305.			
b Contributions	7,890.	116,400.			
c Net investment earnings, gains, and losses	196,840.	-111,766.			
d Grants or scholarships	7,000.	12,000.			
e Other expenditures for facilities and programs					
f Administrative expenses	33,190.	17,722.			
g End of year balance	617,610.	721,217.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ .00 %  
 b Permanent endowment ▶ 100.00 %  
 c Term endowment ▶ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		832,491.	554,469.	278,022.
e Other		667,558.	557,837.	109,721.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶				387,743.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
ACCRUED INTEREST RECEIVABLE	74,828.
CASH SURRENDER VALUE OF INSURANCE POLICY	277,584.
DUE FROM AFFILIATED ORGANIZATIONS	1,036,362.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ►	1,388,774.

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
PENSION LIABILITY	3,091,749.
DUE TO AFFILIATED ORGANIZATIONS	6,954,937.
CAPITAL LEASE OBLIGATION	77,400.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ►	10,124,086.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,725,788.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,366,555.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,640,767.
4	Net unrealized gains (losses) on investments	4	2,496,389.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,090,184.
9	Total adjustments (net) Add lines 4 through 8	9	3,586,573.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	945,806.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	14,844,827.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	34,095.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	5,084,944.
e	Add lines 2a through 2d	2e	5,119,039.
3	Subtract line 2e from line 1	3	9,725,788.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,725,788.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	16,521,282.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	34,095.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	4,120,632.
e	Add lines 2a through 2d	2e	4,154,727.
3	Subtract line 2e from line 1	3	12,366,555.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	12,366,555.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: SCHOLARSHIPS AND AWARDS**

ENDOWMENT: THE BEGINNING BALANCE WAS CHANGED IN 2009 TO REMOVE AN ITEM THAT DID NOT APPLY TO ENDOWMENT FUNDS. IN ORDER TO HAVE THE TAX RETURN AGREE TO THE AUDITED FINANCIAL STATEMENTS, AFA ADJUSTED THE BEGINNING BALANCE.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

CAPITAL ADDITIONS: LIFE MEMBERSHIPS GRANTED, NET: 270478.

CHANGE IN PENSION LIABILITY: 819706.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFA VETERAN BENEFITS ASSOCIATION REVENUE (AFFILIATED ENTITY): 4578342.

AIR FORCE MEMORIAL FOUNDATION REVENUE (AFFILIATED ENTITY): 506602.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

AFA VETERAN BENEFITS ASSOCIATION EXPENSES (AFFILIATED ENTITY): 3482010.

AIR FORCE MEMORIAL FOUNDATION EXPENSES (AFFILIATED ENTITY): 638622.

EFFECTIVE JANUARY 1, 2009, AFA AND AFFILIATES ADOPTED A POLICY THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE RECOGNIZED. THE IMPLEMENTATION OF THIS POLICY HAD NO IMPACT ON THE AFA AND AFFILIATES' FINANCIAL STATEMENTS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts				
	<b>2</b> Less Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)				
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10				

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

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

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states?		
<b>b</b> If "No," explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
<b>b</b> If "Yes," explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers?		
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

		Yes	No				
<b>13</b> Indicate the percentage of gaming activity operated in <table border="1" style="float: right; margin-top: 10px;"> <tr> <td style="width: 10%;"><b>13a</b></td> <td style="width: 90%;">%</td> </tr> <tr> <td><b>13b</b></td> <td>%</td> </tr> </table>		<b>13a</b>	%	<b>13b</b>	%		
<b>13a</b>	%						
<b>13b</b>	%						
<b>a</b> The organization's facility <b>b</b> An outside facility							
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ► _____							
Address ► _____							
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<b>15a</b>					
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____							
<b>c</b> If "Yes," enter name and address of the third party							
Name ► _____							
Address ► _____							
<b>16</b> Gaming manager information							
Name ► _____							
Gaming manager compensation ► \$ _____							
Description of services provided ► _____							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
<b>17</b> Mandatory distributions							
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<b>17a</b>					
<b>b</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 ► \$ _____							



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**AIR FORCE ASSOCIATION**

Employer identification number  
**52-6043929**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
HQ CIVIL AIR PATROL 105 SOUTH HANSELL ST, BLDG 714 MAXWELL AFB, AL 36112	75-6037853	501(C)(3)	22,500.	0.			PROVIDES GRANTS TO CIVIL AIR PATROL UNITS TO ENHANCE AEROSPACE EDUCATION
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, FL - AFROTC DET 157, 600 S CLYDE MORRIS BLVD - DAYTONA BEACH, FL 32114-3900	59-0936101	501(C)(3)	40,000.	0.			PROVIDES SCHOLARSHIPS TO AIR FORCE ROTC STUDENTS
SPORTS NETWORK INTERNATIONAL 775 FENTRESS BLVD DAYTONA BEACH, FL 32114	59-2344992		5,000.	0.			PROVIDES TROPHIES TO COMPETITION WINNERS
ARNOLD AIR SOCIETY 9 E. LOCKERMAN ST, STE 2B DOVER, DE 19901	53-0231491	501(C)(4)	6,000.	0.			FINANCIAL SUPPORT FOR AAS CONCLAVE (ANNUAL MEETING)

**2** Enter total number of section 501(c)(3) and government organizations

2.

**3** Enter total number of other organizations

2.

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

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
Use Part IV and Schedule I-1 (Form 990) 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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALL REQUESTS ARE REVIEWED BY COMMITTEES. MOST COMMITTEES ARE OUTSIDE THE AFA. SCHOLARSHIPS ARE GRANTED BASED ON NEED, ACADEMIC ACHIEVEMENT, AND STUDY IN TECHNICAL DISCIPLINES.

AFA MONITORS THE AWARDS THROUGH FEEDBACK REPORTS. AWARDS ARE PRESENTED BY A NATIONAL OFFICER AT THE ROTC COMPETITION AND ARE HANDED OUT AT BOARD MEETINGS AND AT THE CONVENTION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**AIR FORCE ASSOCIATION**

Employer identification number

**52-6043929**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e g , maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

☒ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number  
52-6043929

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISSEMINATES INFORMATION THROUGH OUTREACH PROGRAMS. IT SPONSORS  
PROFESSIONAL DEVELOPMENT SEMINARS AND RECOGNIZES EXCELLENCE IN THE  
EDUCATION AND AEROSPACE FIELDS THROUGH NATIONAL AWARDS PROGRAMS. AFA  
PRESENTS SCHOLARSHIPS AND GRANTS TO AIR FORCE ACTIVE DUTY, AIR NATIONAL  
GUARD AND AIR FORCE RESERVE MEMBERS AND THEIR DEPENDENTS; AND AWARDS  
EDUCATOR GRANTS TO PROMOTE SCIENCE AND MATH EDUCATION AT THE ELEMENTARY  
AND SECONDARY SCHOOL LEVEL. ADDITIONALLY, AFA PUBLISHES A WIDE RANGE OF  
MATERIALS ON WWW.AFA.ORG.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PERIODICALLY, ISSUES BRIEFS AND SPECIAL REPORTS THAT ARE WIDELY  
DISTRIBUTED ON CAPITOL HILL, TO THE MEDIA, AND THROUGHOUT AFA'S  
GRASSROOTS NETWORK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FIELD SERVICE -

AFA IS LED BY VOLUNTEER LEADERS AT THE NATIONAL, STATE AND LOCAL  
LEVELS. AFA'S STATE ORGANIZATIONS AND MORE THAN 200 CHAPTERS HOLD  
ELECTIONS AND CONDUCT PROGRAMS TO INCREASE PUBLIC UNDERSTANDING OF KEY  
NATIONAL SECURITY ISSUES IN THEIR COMMUNITIES. PROGRAMS RANGE FROM  
LUNCHEON AND DINNER ACTIVITIES TO SYMPOSIA AND LEGISLATIVE ROUNDTABLES  
WITH CONGRESSIONAL LEADERS.

EXPENSES \$ 762876. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHOLARSHIPS, GRANTS, AWARDS, AND PUBLIC AWARENESS -

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number  
52-6043929

AFA IS DEDICATED TO ENSURING AMERICA'S AEROSPACE EXCELLENCE THROUGH  
EDUCATION, SCHOLARSHIPS, GRANTS, AWARDS AND PUBLIC AWARENESS PROGRAMS.  
IN ADDITION, AFA SPONSORS A SERIES OF STUDIES AND FORUMS ON AEROSPACE  
AND NATIONAL SECURITY THROUGH ITS PUBLIC POLICY AND RESEARCH ARM, THE  
MITCHELL INSTITUTE. THE INSTITUTE WAS ESTABLISHED IN 2008 TO FOCUS AND  
EXPAND UPON EXISTING EDUCATIONAL EFFORTS IN AEROSPACE AND NATIONAL  
SECURITY POLICY. AFA WORKS THROUGH A NETWORK OF THOUSANDS OF  
INDIVIDUAL MEMBERS AND VOLUNTEERS TO DISTRIBUTE EDUCATIONAL MATERIALS  
TO SCHOOLS AND CONCERNED CITIZENS. THIS IS DONE IN PART THROUGH  
"VISIONS OF EXPLORATION," A JOINT MULTI-DISCIPLINARY SCIENCE, MATH AND  
SOCIAL STUDIES PROGRAM WITH USA TODAY.  
EXPENSES \$ 662937. INCLUDING GRANTS OF \$ 335670. REVENUE \$ 0.

**CYBER PATRIOT -**

CYBERPATRIOT IS A NATIONAL HIGH SCHOOL CYBER DEFENSE COMPETITION  
CREATED BY AFA DURING 2009 TO EXCITE, EDUCATE, AND MOTIVATE THE  
UPCOMING GENERATION OF CYBER DEFENDERS TOWARDS CAREERS IN SCIENCE,  
TECHNOLOGY, ENGINEERING AND MATH. CURRENTLY CYBER SECURITY IS THE  
NATIONS TOP SECURITY CONCERN. OUR GREATEST CHALLENGE IN ACHIEVING CYBER  
SECURITY IS FINDING TECHNICALLY EDUCATED PEOPLE OF WHICH THERE IS A  
SERIOUS SHORTAGE. THE CYBER PATRIOT PROGRAM PROVIDES STUDENTS THE  
OPPORTUNITY TO GAIN HANDS ON PRACTICAL KNOWLEDGE THAT PREPARES THEM FOR  
POST SECONDARY EDUCATION AND JOBS IN SCIENCE, TECHNOLOGY, AND  
ENGINEERING.  
EXPENSES \$ 25368. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number

52-6043929

FORM 990, PART VI, SECTION A, LINE 1: AN EXECUTIVE COMMITTEE ACTS AS AN  
EXTENSION OF THE BOARD, PERFORMING SUCH BUSINESS AS REQUIRED BETWEEN  
MEETINGS OF THE BOARD OF DIRECTORS SUBJECT TO AMENDMENT OR RATIFICATION BY  
THE BOARD OF DIRECTORS. ALL SIX COMMITTEE MEMBERS ARE ALSO MEMBERS OF THE  
BOARD.

FORM 990, PART VI, SECTION A, LINE 6: AFA HAS ONE CLASS OF MEMBERS. ALL  
MEMBERS CAN VOTE WHETHER THEY ARE A 1-YEAR, 3-YEAR, OR LIFE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: DELEGATES ELECT NATIONAL OFFICERS

FORM 990, PART VI, SECTION A, LINE 7B: DELEGATES APPROVE AFA STATEMENT OF  
POLICY; ELECT BOARD MEMBERS; APPROVE DUES INCREASES; APPROVE CHANGES TO AFA  
CONSTITUTION.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE ORGANIZATION'S FORM  
990 WAS PROVIDED BY ELECTRONIC MEANS TO ALL BOARD MEMBERS FOR THEIR REVIEW  
PRIOR TO FILING. THE ORGANIZATION'S COMPTROLLER REVIEWED THE FORM 990 AND  
ALL RELATED RETURNS FOR ACCURACY BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: HANDLING A CONFLICT OF INTEREST  
THAT ARISES AT A MEETING - A DIRECTOR SHOULD BE SENSITIVE TO ANY INTEREST  
HE OR SHE MAY HAVE IN A DECISION TO BE MADE BY THE BOARD OF DIRECTORS AND,  
INsofar AS POSSIBLE, RECOGNIZE THAT SUCH INTEREST EXISTS PRIOR TO THE  
DISCUSSION OR PRESENTATION OF SUCH A MATTER BEFORE THE BOARD. WHEN A  
DIRECTOR HAS AN INTEREST IN A TRANSACTION BEING CONSIDERED BY THE BOARD, HE

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number

52-6043929

OR SHE SHOULD DISCLOSE THE CONFLICT BEFORE THE BOARD TAKES ACTION ON THE  
MATTER. THE DIRECTOR SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION,  
PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE  
IN ANY WAY. THE DIRECTOR'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE  
QUORUM FOR ANY AFA BUSINESS TRANSACTION IN WHICH HE OR SHE HAS A POSSIBLE  
INTEREST.

IF THE DIRECTOR RECOGNIZES THAT THE CONFLICT IS ONGOING AND THAT THE  
INFORMATION DISCUSSED AT THE BOARD MEETING WILL BEAR ON THAT CONFLICT, THE  
DIRECTOR SHOULD NOT PARTICIPATE IN THAT PORTION OF THE DISCUSSION AND LEAVE  
THE ROOM. IN THIS CASE, THE APPROPRIATE MATERIAL SHOULD BE DELETED FROM THE  
MINUTES PROVIDED TO THAT DIRECTOR.

IF THE DIRECTOR IN GOOD FAITH DETECTS THAT HE OR SHE HAS FAILED TO  
RECOGNIZE A CONFLICT, THE DIRECTOR, WHEN IT IS RECOGNIZED, SHALL REPORT  
THAT FAILURE TO THE CHAIRMAN OF THE BOARD, WHO SHALL TAKE APPROPRIATE  
ACTION TO PREVENT CONTINUATION OF THE CONFLICT AND MITIGATE PAST ACTION TO  
THE EXTENT REASONABLE. THE MATTER SHALL BE REFERRED TO THE EXECUTIVE  
COMMITTEE FOR REVIEW AND RECOMMENDATION.

FORM 990, PART VI, SECTION B, LINE 15A: PRESIDENT ONLY - 2008 WAS THE LAST  
REVIEW, CONSISTENT WITH THE PRESIDENT EVALUATION COMPENSATION COMMITTEE  
PROCEDURE (PECC).

THE BOARD HAS ESTABLISHED A POLICY TO PROVIDE FOR ANNUAL REVIEW OF CEO  
PERFORMANCE AND COMPENSATION. THE POLICY PROVIDES FOR A PRESIDENT



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number  
52-6043929

EVALUATION AND COMPENSATION COMMITTEE (PECC) BY THE TREASURER OF THE ASSOCIATION THAT INCLUDES THE TWO VICE CHAIRMEN, THE NATIONAL SECRETARY, AND UP TO THREE MEMBERS OF THE BOARD TO BE NOMINATED BY THE CHAIRMAN OF THE BOARD AND APPROVED BY THE BOARD. THE CHAIRMAN WILL SERVE EX-OFFICIO ON THE PECC WITHOUT VOTE. THE PECC REPORTS ANNUALLY TO THE EXECUTIVE COMMITTEE, WHO IN TURN, RECOMMENDS COMPENSATION ADJUSTMENTS TO THE BOARD FOR APPROVAL. BROAD CRITERIA ARE PROVIDED TO THE PECC AS ARE SUGGESTED EXTERNAL REFERENCES, AND THE PECC MAY USE THE SERVICES OF AN OUTSIDE CONSULTANT.

OFFICERS ARE NON-COMPENSATED. KEY EMPLOYEES ARE EVALUATED ANNUALLY BY THE PRESIDENT. ACTUAL EMPLOYEE COMPENSATION IS COMPARED TO SALARY SURVEY INFORMATION PROVIDED BY INDEPENDENT SOURCES. THE LAST TIME THIS PROCESS WAS USED WAS IN 2009.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CA, CT, DC, FL, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, ND, OH  
OK, OR, PA, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: AFA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE AND UPON REQUEST.

SCHEDULE R, PART V, LINE 2

VALUATION METHOD

M - ALLOCATED PORTION BASED ON USE

N - ALLOCATED PORTION BASED ON TIME SPENT BY EMPLOYEES

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

AIR FORCE ASSOCIATION

Employer identification number

52-6043929

Q - VALUE OF INCOME COLLECTED ON BEHALF OF AFA VETERAN BENEFITS

ASSOCIATION (PASS-THROUGH)

P - ACTUAL COSTS PAID ON BEHALF OF AFA VETERAN BENEFITS ASSOCIATION

Blank lines for supplemental information.

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**  
**Open to Public**  
**Inspection**

Name of the organization

**AIR FORCE ASSOCIATION**Employer identification number  
**52-6043929****Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
APA VETERAN BENEFITS ASSOCIATION - 53-0177555, 1501 LEE HIGHWAY, ARLINGTON, VA 22209	TO PROVIDE VETERAN BENEFITS	VIRGINIA	501(C)(19)	N/A	
AIR FORCE MEMORIAL FOUNDATION - 54-1629975 ONE AIR FORCE MEMORIAL DRIVE ARLINGTON, VA 22204	STEWARDSHIP OF MEMORIAL	VIRGINIA	501(C)(3)	7	N/A

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule R (Form 990) 2009**



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) AFA VETERAN BENEFITS ASSOCIATION		M	313,719.
(2) AFA VETERAN BENEFITS ASSOCIATION		N	309,303.
(3) AFA VETERAN BENEFITS ASSOCIATION		P	1,560,265.
(4) AFA VETERAN BENEFITS ASSOCIATION		Q	2,201,647.
(5)			
(6)			



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	AIR FORCE ASSOCIATION	52-6043929
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	1501 LEE HIGHWAY, NO. 400	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	ARLINGTON, VA 22209-1198	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990 T (sec 401(a) or 408(a) trust)   
 ☐ Form 1041 A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990 T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

- The books are in the care of **1501 LEE HIGHWAY, NO. 400 - ARLINGTON, VA 22209-1198**

Telephone No **703-247-5800**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**MORE TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO PROVIDE A COMPLETE AND ACCURATE RETURN**

8a	If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b	If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 

Title **STAFF ACCOUNTANT**

Date **08/12/10**

Form 8868 (Rev. 4-2009)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	AIR FORCE ASSOCIATION	52-6043929
	Number, street, and room or suite no. If a P O box, see instructions	
	1501 LEE HIGHWAY, NO. 400	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ARLINGTON, VA 22209-1198	

**Check type of return to be filed**(file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**JOHN SMITH**

- The books are in the care of ▶ **1501 LEE HIGHWAY, NO. 400 - ARLINGTON, VA 22209-1198**  
Telephone No ▶ **703-247-5800** FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶ ☒ calendar year **2009** or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)