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Form 990

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

AIR FORCE AID SOCIETY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

241 18TH STREET SOUTH NO 202

Room/suite

City or town, state or country, and ZIP + 4

ARLINGTON, VA 22202

F Name and address of principal officer

JOHN D HOPPER JR

241 18TH STREET SOUTH NO 202

ARLINGTON, VA 22202

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW AFAS ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1942

M State of legal domicile

VA

Part I	Summary																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O THE AIR FORCE AID SOCIETY, A PRIVATE NON-PROFIT ORGANIZATION, SUPPORTS THE MISSION OF THE UNITED STATES AIR FORCE BY RELIEVING FINANCIAL DISTRESS OF AIR FORCE MEMBERS AND THEIR FAMILIES, ASSISTING WITH EDUCATION GOALS AND IMPROVING QUALITY OF LIFE THROUGH PROACTIVE COMMUNITY/BASE PROGRAMS																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td> 3 Number of voting members of the governing body (Part VI, line 1a) </td><td> 3 </td><td> 22 </td></tr><tr><td> 4 Number of independent voting members of the governing body (Part VI, line 1b) </td><td> 4 </td><td> 22 </td></tr><tr><td> 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) </td><td> 5 </td><td> 21 </td></tr><tr><td> 6 Total number of volunteers (estimate if necessary) </td><td> 6 </td><td> 22 </td></tr><tr><td> 7a Total unrelated business revenue from Part VIII, column (C), line 12 </td><td> 7a </td><td> 0 </td></tr><tr><td> 7b Net unrelated business taxable income from Form 990-T, line 34 </td><td> 7b </td><td> 0 </td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	22	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	21	6 Total number of volunteers (estimate if necessary)	6	22	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Net Assets or Fund Balances	<table><tr><td></td><td> Beginning of Current Year </td><td> End of Year </td></tr><tr><td> 20 Total assets (Part X, line 16) </td><td> 149,522,363 </td><td> 160,853,572 </td></tr><tr><td> 21 Total liabilities (Part X, line 26) </td><td> 1,363,779 </td><td> 1,424,987 </td></tr><tr><td> 22 Net assets or fund balances Subtract line 21 from line 20 </td><td> 148,158,584 </td><td> 159,428,585 </td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	149,522,363	160,853,572	21 Total liabilities (Part X, line 26)	1,363,779	1,424,987	22 Net assets or fund balances Subtract line 21 from line 20	148,158,584	159,428,585												
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Part II

Signature Block

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

Sign Here

Signature of officer

COL SIDNEY R HEETLAND CFO AND TREASURER

Date

2011-05-12

Print/Type preparer's name

Firm's name

Firm's address

Preparer's signature

TATE AND TRYON

2021 L STREET NW SUITE 400

WASHINGTON, DC 20036

Date

Check if self-employed

PTIN

Firm's EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization’s mission

THE SOCIETY ASSISTS U S AIR FORCE MEMBERS AND THEIR FAMILIES WITH EMERGENCY ASSISTANCE LOANS AND GRANTS, EDUCATION GRANTS, AND BASE COMMUNITY ENHANCEMENT PROGRAMS THE SOCIETY PROVIDED OVER \$18 3 MILLION IN SUPPORT OF AIR FORCE MEMBERS AND THEIR FAMILIES IN 2010

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

4a

(Code) (Expenses \$ 6,138,331 including grants of \$ 5,427,853) (Revenue \$)

EDUCATION ASSISTANCE - THE SOCIETY PROVIDES EDUCATION GRANTS THROUGH TWO MAIN PROGRAMS THE HAP ARNOLD EDUCATION GRANT PROGRAM AND THE SPOUSE TUITION ASSISTANCE PROGRAM (STAP) THE HAP ARNOLD PROGRAM PROVIDES EDUCATION GRANTS TO CHILDREN AND SPOUSES OF ACTIVE DUTY, RETIRED, AND DECEASED SERVICE MEMBERS, HELPING THEM REALIZE THEIR EDUCATION GOALS THESE GRANTS ARE NEEDS-BASED AND STIPULATED FOR USE ON DIRECT EDUCATION EXPENSES ONLY THE SOCIETY AWARDED \$5 5 MILLION IN \$2,000 GRANTS IN 2010, ASSITING 2,711 STUDENTS ADDITIONALLY, THE STAP PROGRAM PROVIDES ASSISTANCE TO SPOUSES OF ACTIVE DUTY SERVICE MEMBERS WHO ACCOMPANY THE MEMBERS TO OVERSEAS LOCATIONS THE FOCUS OF THE STAP PROGRAM IS THE COMPLETION OF A DEGREE OR CERTIFICATION PROGRAM THAT WILL PROVIDE INCREASED OCCUPATIONAL OPPORTUNITIES FOR THE SPOUSE IN 2010, 689 SPOUSES WERE ASSISTED WITH \$228,700 IN STAP GRANTS

4b

(Code) (Expenses \$ 2,584,480 including grants of \$ 2,224,040) (Revenue \$)

COMMUNITY ENHANCEMENT PROGRAMS - THE BASE COMMUNITY ENHANCEMENT PROGRAMS PROVIDE FUNDS IN AN EFFORT TO HELP IMPROVE THE QUALITY OF LIFE OF US AIR FORCE MEMBERS AND THEIR FAMILIES IN 2010, THE SOCIETY PROVIDED OVER \$1 1 MILLION IN CHILDCARE SERVICES TO AF FAMILIES IN 2010 AT A COST OF \$228,000, THE PHONE HOME PROGRAM PROVIDED PREPAID CALLING CARDS TO ALMOST 49,000 AIRMEN DEPLOYED 30 DAYS OR MORE, HELPING THEM MAINTAIN CONTACT WITH FAMILY MEMBERS BACK HOME \$264,000 WAS SPENT ON THE BUNDLES FOR BABIES PROGRAM WHICH PROVIDES IMPORTANT INFORMATION FOR EXPECTING AF FAMILIES ON THE SUPPORT PROGRAMS AVAILABLE ON BASE AND WITHIN THE COMMUNITY, INCLUDING A DISCUSSION OF THE FINANCIAL IMPACT THE NEW ADDITION TO THE FAMILY WILL HAVE EACH FAMILY RECIEVES A GIFT BASKET OF BABY-RELATED GOODS FOR ATTENDING THE CLASS THE SOCIETY SPENT \$167,000 ON THE CAR CAR PROGRAM, HELPING AF MEMBERS KEEP THEIR PRIMARY AUTOMOBILE IN GOOD RUNNING ORDER WITH OIL CHANGES AND INSPECTIONS OTHER BASE PROGRAMS SUPPORTED BY THE SOCIETY INCLUDE THE YOUTH EMPLOYMENT SERVICES PROGRAM, SPOUSE ORIENTATION AND EMPLOYABILITY PROGRAMS, LIFETIME BENEFITS REVIEW SERVICES FOR FAMILIES OF DECEASED AIRMEN, AND THE SPECIAL NEEDS INITIATIVE THAT HELPED FUND BASE EVENTS FOR AF FAMILIES WITH SPECIAL NEEDS CHILDREN

4c

(Code) (Expenses \$ 2,027,911 including grants of \$ 635,026) (Revenue \$)

EMERGENCY ASSISTANCE - THE EA PROGRAM AIMS TO RELIEVE THE FINANCIAL PRESSURE FELT BY AIR FORCE MEMBERS AND THEIR FAMILIES BY MEETING IMMEDIATE NEEDS IN AN EMERGENCY SITUATION DEPENDING ON THE INDIVIDUAL CIRCUMSTANCE, SUPPORT IS PROVIDED THROUGH EITHER A GRANT OR INTEREST-FREE LOAN EMERGENCY ASSISTANCE IS GENERALLY PROVIDED FOR BASIC LIVING EXPENSES, EMERGENCY TRAVEL, VEHICLE REPAIRS, FUNERAL COSTS, MEDICAL/DENTAL COSTS, CHILD/RESPITE CARE AND MOVING EXPENSES THE AF PERSONNEL WHO ADMINISTER THE PROGRAM ON BASE CAN ALSO ASSIST THE AF MEMBER WITH FAMILY BUDGETS TO MAKE SURE THEY REMAIN FINANCIALLY SOUND AFTER THE EMERGENCY ASSISTANCE IS PROVIDED IN 2010, THE SOCIETY PROVIDED OVER \$10 6 MILLION IN EMERGENCY ASSISTANCE, HELPING 14,760 AIRMEN AND THEIR FAMILIES THIS SUPPORT WAS PROVIDED THROUGH \$635,000 IN GRANTS AND \$10 0 MILLION IN INTEREST-FREE LOANS

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 10,750,722

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV 	14b	Yes
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 U S? If "Yes," complete Schedule F, Parts II and IV 	15	No
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 U S? If "Yes," complete Schedule F, Parts III and IV 	16	Yes
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	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>	21	Yes	
22	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>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. 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>	25a		No
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>	25b		No
26	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>	26		No
27	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>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	12		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22
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?	2	Yes
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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5	No
6	Does the organization have members or stockholders?	6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	9	No

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?	10a	No
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?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	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	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
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	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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?	16a	No
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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ AL , AK , AZ , AR , CA , CO , CT , FL , GA , HI , IL , KS , KY , MA , MD , ME , MI , MN , MO , MS , NC , ND , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ AFAS CONTROLLER 241 18TH STREET SOUTH STE 202 ARLINGTON,VA 222023409 (703) 607-3063

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) MR JOHN R BUEHLER PRESIDENT	1 00	X		X				0	0	0
(2) MR THOMAS H MACLEAY VICE PRESIDENT	1 00	X		X				0	0	0
(3) HON MICHAEL B DONLEY TRUSTEE	1 00	X						0	0	0
(4) MAJ GEN ALFRED K FLOWERS TRUSTEE	1 00	X						0	0	0
(5) CMSGT DENNIS L FRITZ RETIRED TRUSTEE	1 00	X						0	0	0
(6) DR WILLIAM W JENNINGS TRUSTEE	1 00	X						0	0	0
(7) MRS ELLEN JUMPER TRUSTEE	1 00	X						0	0	0
(8) MRS VALERIE KEYS TRUSTEE	1 00	X						0	0	0
(9) LT GEN NORMAND G LEZY RETIRED TRUSTEE	1 00	X						0	0	0
(10) LT GEN C BRUCE GREEN TRUSTEE	1 00	X						0	0	0
(11) MAJ GEN SUSAN PAMERLEAU RETIRED TRUSTEE	1 00	X						0	0	0
(12) HON F WHITTEN PETERS TRUSTEE	1 00	X						0	0	0
(13) LT GEN SANDRA A GREGORY RETIRED TRUSTEE	1 00	X						0	0	0
(14) CMSAF JAMES ROY TRUSTEE	1 00	X						0	0	0
(15) MRS SUZIE SCHWARTZ TRUSTEE	1 00	X						0	0	0
(16) MR TOBY J SLODDEN TRUSTEE	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 (describe hours for related organizations in Schedule O)	(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			
(17) HON EUGENE R SULLIVAN TRUSTEE	1 00	X						0	0	0
(18) DR MICK MCKEOWN TRUSTEE	1 00	X						0	0	0
(19) HON WILLIAM A MOORMAN TRUSTEE	1 00	X						0	0	0
(20) LT GEN RICHARD C HARDING TRUSTEE	1 00	X						0	0	0
(21) GEN NORTON A SCHWARTZ TRUSTEE	1 00	X						0	0	0
(22) LT GEN DARRELL D JONES TRUSTEE	1 00	X						0	0	0
(23) LT GEN JOHN D HOPPER JR USAF RET CEO & EXECUTIVE DIRECTOR	40 00			X				191,791	0	45,627
(24) COL SIDNEY R HEETLANDRETIRED CFO & TREASURER	40 00			X				151,997	0	41,033
(25) COL LINDA F EGENTOWICH RETIRED COO & SECRETARY	40 00			X				130,051	0	33,208
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								473,839	0	119,868

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization3

3Did 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

3No

4For 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

4Yes

5Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5No

Section B. Independent Contractors

1Complete 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
ACT INC 500 ACT DRIVE PO BOX 168 IOWA CITY, IA 52243	SCHOLARSHIP PROGRAM ADMINISTRATION	310,866
BAM TECHNOLOGIES 2001 JEFFERSON DAVIS HWY STE 610 ARLINGTON, VA 22202	IT SOFTWARE DEVELOPMENT	224,150
MELLEN & COMPANY 9538 BAYFRONT DR NORFOLK, VA 23518	IT SOFTWARE DEVELOPMENT	129,750
2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 3		

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	1a	Federated campaigns	1a	4,626,837			
	b	Membership dues	1b				
	c	Fundraising events	1c	647,019			
	d	Related organizations	1d	51,125			
	e	Government grants (contributions)	1e	250,450			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	913,932			
	g	Noncash contributions included in lines 1a-1f \$		367,811			
	h	Total. Add lines 1a-1f		6,489,363			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,855,273		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		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)			716,889		716,889
8a		Gross income from fundraising events (not including \$ 647,019 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events			-83,378		-83,378
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	CLASS ACTION SETTLEMEN	900099	16,849			16,849	
b	COLLECTION - LOANS W/O	900099	9,539	9,539			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		26,388				
12	Total revenue. See Instructions		11,004,535	9,539	0	4,505,633	

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	69,969	69,969		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	7,423,200	7,423,200		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	788,017	788,017		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	593,707	344,350	201,860	47,497
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	1,424,739	826,349	484,411	113,979
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	130,013	75,408	44,204	10,401
9	Other employee benefits	486,620	282,240	165,451	38,929
10	Payroll taxes	134,128	77,794	45,604	10,730
a	Fees for services (non-employees)				
	Management				
b	Legal	6,630		6,630	
c	Accounting	38,450		38,450	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	258,171		258,171	
g	Other	25,999	19,975	3,614	2,410
12	Advertising and promotion				
13	Office expenses	178,973	120,678	47,221	11,074
14	Information technology	235,087	136,352	79,928	18,807
15	Royalties				
16	Occupancy	255,138	147,980	86,747	20,411
17	Travel	17,231	9,994	5,859	1,378
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,094	9,551	3,543	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	115,919	67,233	39,413	9,273
23	Insurance	35,412	20,539	12,040	2,833
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EDUCATION GRANT ADMINIS	310,866	310,866		
b	OTHER FUNDRAISING COSTS	61,557			61,557
c	POST RETIREMENT BENEFIT	42,288		42,288	
d					
e					
f	All other expenses	35,457	20,227	12,328	2,902
25	Total functional expenses. Add lines 1 through 24f	12,680,665	10,750,722	1,577,762	352,181
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,537,870	1	2,192,256
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			39,337	3	30,606
	4	Accounts receivable, net				4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			7,601,085	7	6,418,027
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			53,254	9	33,187
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,457,357			
	b	Less: accumulated depreciation	10b	984,732	365,432	10c	472,625
	11	Investments—publicly traded securities			139,531,223	11	151,347,815
	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			394,162	15	359,056
16	Total assets. Add lines 1 through 15 (must equal line 34)			149,522,363	16	160,853,572	
Liabilities	17	Accounts payable and accrued expenses			171,476	17	257,192
	18	Grants payable				18	
	19	Deferred revenue				19	
	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				24	
	25	Other liabilities. Complete Part X of Schedule D			1,192,303	25	1,167,795
	26	Total liabilities. Add lines 17 through 25			1,363,779	26	1,424,987
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			146,488,797	27	157,674,036
	28	Temporarily restricted net assets			44,983	28	29,745
	29	Permanently restricted net assets			1,624,804	29	1,724,804
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	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	Total net assets or fund balances			148,158,584	33	159,428,585
34	Total liabilities and net assets/fund balances			149,522,363	34	160,853,572	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,004,535
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,680,665
3	Revenue less expenses Subtract line 2 from line 1	3	-1,676,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148,158,584
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,946,131
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	159,428,585

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,201,118	6,780,916	7,162,701	5,961,902	6,238,913	32,345,550
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	250,410	233,807	280,230	243,426	250,450	1,258,323
4 Total. Add lines 1 through 3	6,451,528	7,014,723	7,442,931	6,205,328	6,489,363	33,603,873
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						33,603,873

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,451,528	7,014,723	7,442,931	6,205,328	6,489,363	33,603,873
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,220,421	4,916,330	5,362,248	4,204,336	3,855,274	22,558,609
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	736	47,316	104,517	141,216	166,813	460,598
11 Total support (Add lines 7 through 10)						56,623,080
12 Gross receipts from related activities, etc (See instructions)					12	78,515
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	59 350 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	60 370 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total support (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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCH A, PART II, LINE 10 - OTHER INCOME INCLUDES THREE DIFFERENT REVENUE ITEMS (1) THE SOCIETY RECEIVES INCOME FROM THE SETTLEMENT OF CLASS ACTION LAWSUITS RELATING TO SECURITIES THE SOCIETY HAS HELD WITHIN ITS INVESTMENT PORTFOLIO IN 2010, THE SOCIETY RECEIVED \$16,849 FROM CLASS ACTION LAWSUIT SETTLEMENTS (2) THE GROSS EVENT REVENUE COLLECTED FOR THE USAF CHARITY BALL HELD ON MARCH 20, 2010 THIS EVENT RAISED REVENUE OF \$140,425, THAT IS CATEGORIZED AS OTHER REVENUE IN SCHEDULE A PART II, IN ADDITION TO ANOTHER \$647,019 THAT IS RECORDED IN THE DONATIONS LINE AS FUND RAISING EVENT DONATIONS (3) THE SUBSEQUENT COLLECTION ON EMERGENCY ASSISTANCE LOANS PREVIOUSLY WRITTEN OFF AS UNCOLLECTIBLE IS RECORDED AS MISCELLANEOUS REVENUE IN 2010, THE SOCIETY RECEIVED \$9,539 AS REPAYMENT ON LOANS THAT WERE PREVIOUSLY WRITTEN OFF

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Name of the organization AIR FORCE AID SOCIETY INC	Employer identification number 54-1797281
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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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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) ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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 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 the 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	1,624,804	1,549,804	1,522,804		
b Contributions	100,000	75,000	543,509		
c Investment earnings or losses	196,236	280,603	-516,509		
d Grants or scholarships	-196,236	-280,603			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,724,804	1,624,804	1,549,804		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

☐

Yes

☐

No

(ii) related organizations

3a(ii)

☐

No

b

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

3b

☐

☐

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		219,921	148,593	71,328
d Equipment		1,237,436	836,139	401,297
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				472,625

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,004,535
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,680,665
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,676,130
4	Net unrealized gains (losses) on investments	4	12,946,131
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	12,946,131
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,270,001

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	23,855,954
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	12,946,131
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	12,946,131
3	Subtract line 2e from line 1	3	10,909,823
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	258,171
b	Other (Describe in Part XIV)	4b	-163,459
c	Add lines 4a and 4b	4c	94,712
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,004,535

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	12,585,953
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	163,459
e	Add lines 2a through 2d	2e	163,459
3	Subtract line 2e from line 1	3	12,422,494
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	258,171
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	258,171
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,680,665

Part XIVSupplemental 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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SOCIETY'S EDUCATION GRANT ENDOWMENT CONSISTS OF A SINGLE FUND INVESTED TO PROVIDE EARNINGS TO PAY SCHOLARSHIPS UNDER THE GENERAL HENRY H. ARNOLD EDUCATION GRANT PROGRAM. THE FUNDS ARE DONOR-RESTRICTED TO BE HELD IN PERPETUITY TO FUND NAMED EDUCATION GRANTS AS DESIGNATED BY THE DONOR. ALL RETURNS GENERATED BY THE EDUCATION FUND ARE USED TO FUND THE NAMED GRANTS ON AN ANNUAL BASIS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	PART X, LINE 2. FIN 48 FOOTNOTE - THE SOCIETY HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS. THE SOCIETY BELIEVES IT IS NO LONGER SUBJECT TO US FEDERAL, STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR THE YEARS BEFORE 2007.
		PART XII, LINE 4B - CHARITY BALL EVENT EXPENSES - \$163,459. THIS \$163,459 IS THE DIRECT COST OF THE SOCIETY'S USAF CHARITY BALL FUND-RAISING EVENT. THE FORM 990 REQUIRES THESE COSTS TO BE NETTED AGAINST THE EVENT EARNINGS IN THE STATEMENT OF REVENUES IN PART VIII, LINE 8B. THE SOCIETY BOOKS THE DIRECT COSTS OF THE EVENT AS A FUNDRAISING EXPENSE IN THE STATEMENT OF ACTIVITIES, AS REFLECTED IN ITS AUDITED FINANCIAL STATEMENTS. THESE EVENT COSTS INCLUDE FOOD AND BEVERAGE, RENTAL SPACE, ENTERTAINMENT, EVENT MANAGEMENT, AND OTHER DIRECT COSTS ASSOCIATED WITH THE EVENT. PART XIII, LINE 2D - CHARITY BALL EVENT EXPENSES - \$163,459. THIS IS THE \$163,459 DIRECT COST OF THE SOCIETY'S USAF CHARITY BALL FUND-RAISING EVENT. SEE THE NOTE ABOVE FOR PART XII, LINE 4B FOR FURTHER EXPLANATION.

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATION GRANTS FOR COLLEGE COURSES	EAST ASIA AND THE PACIFIC	144	38,022	CHECK			
EDUCATION GRANTS FOR COLLEGE COURSES	EUROPE	485	167,949	CHECK			
EMERGENCY FINANCIAL ASSISTANCE	EAST ASIA AND THE PACIFIC	21	7,612	CHECK			
EMERGENCY FINANCIAL ASSISTANCE	EUROPE	19	11,484	CHECK			
CAR MAINTENANCE	EAST ASIA AND THE PACIFIC	133	4,823	CHECK			
CAR MAINTENANCE	EUROPE	1,018	36,605	CHECK			
BASE CHILDCARE SERVICES	EAST ASIA AND THE PACIFIC		70,209	CHECK			
BASE CHILDCARE SERVICES	EUROPE		81,833	CHECK			
BASE EDUCATION PROGRAMS	EAST ASIA AND THE PACIFIC		8,811	CHECK			
BASE EDUCATION PROGRAMS	EUROPE		31,171	CHECK			
BUNDLES FOR BABIES	EAST ASIA AND THE PACIFIC	356			24,226	GIFT BASKETS	COST
BUNDLES FOR BABIES	EUROPE	533			23,486	GIFT BASKETS	COST
PHONE CARDS FOR DEPLOYED AIRMEN	EUROPE	114			669	PHONE CARDS	COST
PHONE CARDS FOR DEPLOYED AIRMEN	MIDDLE EAST	47,906			281,117	PHONE CARDS	COST
							COST

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization AIR FORCE AID SOCIETY INC	Employer identification number 54-1797281
---	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐

Yes

☐

No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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
		CHARITY BALL (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	787,444		787,444
	2	Less Charitable contributions	647,019		647,019
	3	Gross income (line 1 minus line 2)	140,425		140,425
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	2,205		2,205
	7	Food and beverages	71,301		71,301
	8	Entertainment	567		567
	9	Other direct expenses	149,730		149,730
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					-83,378

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	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities

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

b If "No," Explain

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

b If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

54-1797281

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. Part II can be duplicated if additional space is needed. ▶ ☒

[illegible]

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

3 Enter total number of other organizations **▶** _____

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 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
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SOCIETY PROVIDES EDUCATIONAL GRANTS TO AF MEMBERS AND THEIR FAMILIES STATIONED IN THE UNITED STATES THROUGH THREE PROGRAMS HAP ARNOLD EDUCATION GRANT PROGRAM, THE SPOUSE TUITION ASSISTANCE PROGRAM (STAP) AND THE YOUTH EMPLOYMENT SERVICES PROGRAM (YES) THE SOCIETY HIRED A THIRD PARTY ORGANIZATION TO ADMINISTER THE HAP ARNOLD GRANT PROGRAM WHICH PROVIDED \$5 5 MILLION IN GRANTS DURING 2010 ACT DISBURSES FUNDS DIRECTLY TO THE SCHOOL'S FINANCIAL AID OFFICE WITH A LETTER INDICATING THAT FUNDS ARE FOR FULL-TIME ENROLLMENT IN UNDERGRADUATE STUDIES AND THAT PROCEEDS MAY BE USED ONLY FOR TUITION, FEES, BOOKS, SUPPLIES AND CURRICULUM-REQUIRED MATERIALS ASSOCIATED WITH THE ACADEMIC YEAR FOR WHICH THE FUNDS HAVE BEEN DISBURSED THE STAP AND YES PROGRAMS ARE ADMINISTERED BY AIR FORCE PERSONNEL WORKING OUT OF THE BASE EDUCATION OFFICES AT BASES PARTICIPATING IN THE PROGRAMS WITH OVERSIGHT BY THE SOCIETY'S HEADQUARTERS OFFICES IN ARLINGTON, VIRGINIA FOR THESE PROGRAMS, STUDENTS MUST PROVIDE INVOICES OR FINANCIAL STATEMENTS FROM THE SCHOOL THAT IDENTIFY THE STUDENT, CURRICULUM AND COSTS BEFORE ANY GRANTS ARE ISSUED GRANT CHECKS ARE ISSUED DIRECTLY TO THE SCHOOL WITH A COVER LETTER REITERATING HOW THE FUNDS MAY BE APPLIED ON THE STUDENT'S ACCOUNT

Software ID:
Software Version:
EIN: 54-1797281
Name: AIR FORCE AID SOCIETY INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
EDUCATION GRANTS FOR COLLEGE COURSES	3019	5,227,840			
EMERGENCY ASSISTANCE FOR FOOD, SHELTER AND UTILITIES	1229	610,197			
ASSISTANCE WITH CAR REPAIRS AND MAINTENANCE	3484	125,468			
BASE CHILD CARE SERVICES		962,480			
BASE EDUCATION PROGRAMS		188,946			
BUNDLES FOR BABIES SEMINAR	4023		216,075	COST	GIFT BASKET OF BABY-RELATED ITEMS
PHONE CARDS GIVEN TO DEPLOYED AIR FORCE MEMBERS	1129		6,624	COST	PREPAID PHONE CARDS
SURVIVING FAMILY BENEFITS REVIEW PROGRAM	86		85,570	COST	LIFETIME MEMBERSHIP IN PROGRAM TO TRACK THE CHANGING SURVIVOR BENEFITS FOR FAMILIES OF DECEASED AF SERVICE MEMBERS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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?	2	Yes
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 from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only 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?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LT GEN JOHN D HOPPER JR USAF RET	(i) (ii)	179,685 0	8,000 0	4,106 0	16,892 0	28,735 0	237,418 0	240,904 0
(2) COL SIDNEY R HEETLANDRETIRED	(i) (ii)	143,879 0	6,400 0	1,718 0	13,525 0	27,508 0	193,030 0	181,740 0
(3) COL LINDA F EGENTOWICH RETIRED	(i) (ii)	128,500 0	0 0	1,551 0	10,800 0	22,408 0	163,259 0	0 0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE SOCIETY OFFERS A TAXABLE REIMBURSEMENT TO ALL EMPLOYEES UP TO \$650 TO COVER THE COST OF HEALTH CLUB DUES OR OTHER FITNESS ACTIVITIES

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	4	57,017	FMV - AVERAGE HIGH & LOW
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (OFFICE LEASE)	X	1	250,450	LEASE AGREEMENT
26 Other ► (AUCTION ITEMS)	X	63	60,344	FAIR VALUE/COST
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE SOCIETY USES THIRD PARTY ORGANIZATIONS IN TWO SEPARATE INSTANCES WITH RESPECT TO IN-KIND DONATIONS UPON THE RECEIPT OF IN-KIND STOCK DONATIONS, THE SOCIETY WILL UTILIZE THE INVESTMENT MANAGEMENT FIRM HIRED TO MANAGE ITS INVESTMENT PORTFOLIO TO SELL THE STOCK SECURITIES RECEIVED AS DONATIONS THE SOCIETY MAINTAINS A POLICY OF SELLING ALL STOCK AND BOND DONATIONS UPON RECEIPT ONCE THE SECURITIES ARE SOLD, THE FUNDS ARE MADE AVAILABLE FOR PROGRAM SPENDING THE SOCIETY ALSO USES A THIRD-PARTY ORGANIZATION (AN AIR FORCE SPOUSE'S CLUB) TO MANAGE A SILENT AUCTION FUND RAISING EVENT HELD IN CONJUNCTION WITH THE ANNUAL USAF CHARITY BALL THE AIR FORCE SPOUSE'S CLUB SOLICITS ALL ITEMS FOR INCLUSION IN THE SILENT AUCTION PRIOR TO THE EVENT AND SELLS ALL OF THE ITEMS ON THE NIGHT OF THE EVENT

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization AIR FORCE AID SOCIETY INC	Employer identification number 54-1797281
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BOARD OF TRUSTEES MEMBERS, GEN NORTON A SCHWARTZ AND MRS SUZIE SCHWARTZ ARE HUSBAND AND WIFE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE SOCIETY'S 990 IS PREPARED INTERNALLY BY THE ACCOUNTING STAFF THE FILING IS REVIEWED INITIALLY BY THE SOCIETY'S CFO AND THEN FORWARDED ON TO THE OTHER OFFICERS FOR THEIR INPUT FOLLOWING THE INTERNAL REVIEW, THE 990 IS SENT TO AN OUTSIDE ACCOUNTING FIRM FOR AN INDEPENDENT REVIEW PRIOR TO FILING THE TAX FORMS WITH THE IRS, THE SOCIETY MAKES THE DRAFT FILING AVAILABLE TO THE FULL BOARD OF TRUSTEES VIA AN EMAIL TO EACH TRUSTEE ONCE THE REVIEW PROCESS IS COMPLETE, THE 990 IS FILED ELECTRONICALLY WITH THE IRS,AND THE PUBLIC FILING IS THEN POSTED ON THE SOCIETY'S WEBSITE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE SOCIETY REQUIRES ITS OFFICERS, STAFF MEMBERS AND ALL MEMBERS OF THE BOARD OF TRUSTEES TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS THE STATEMENTS SUBMITTED BY EACH PERSON ARE REVIEWED BY STAFF AND REPORTED TO THE AUDIT COMMITTEE IF IT IS DETERMINED THAT A CONFLICT OR POTENTIAL CONFLICT EXISTS, THE AUDIT COMMITTEE WOULD DETERMINE THE APPROPRIATE ACTION TO BE TAKEN THE MATTER WOULD THEN BE PRESENTED TO THE FULL BOARD OF TRUSTEES WHERE A VOTE WOULD BE TAKEN ON THE RECOMMENDATION MADE BY THE AUDIT COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE REVIEW OF EXECUTIVE COMPENSATION IS HANDLED BY THE BOARD OF TRUSTEES THROUGH THEIR APPOINTED COMPENSATION COMMITTEE. THIS COMMITTEE IS RESPONSIBLE FOR PREPARING AND REVIEWING THE CEO'S EMPLOYMENT CONTRACT. THEY ALSO APPROVE THE SALARY, BONUS AND BENEFIT PACKAGES OF THE SOCIETY'S OTHER OFFICERS AS RECOMMENDED BY THE CEO. THE REVIEW OF OFFICER COMPENSATION INCLUDES COMPARISONS WITH SIMILAR MILITARY RELIEF ORGANIZATIONS AND OTHER NON-PROFIT ORGANIZATIONS OF A SIMILAR SIZE. THE COMPENSATION COMMITTEE ALSO REVIEWS THE SALARY LEVELS OF THE FULL STAFF, COMPARING THE SALARY LEVELS TO THE GS SCHEDULE UTILIZED BY THE US GOVERNMENT.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE SOCIETY PROVIDES DIRECT PUBLIC ACCESS TO THE ANNUAL AUDIT REPORT AND 990 TAX FILING BY MAKING THE DOCUMENTS AVAILABLE ONLINE THROUGH THE AFAS ORG WEBSITE THE BOARD OF TRUSTEE BY -LAWS, MEETING MINUTES, CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE ONLY ON REQUEST THROUGH THE SOCIETY'S HEADQUARTERS OFFICE

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

2010

Open to Public Inspection

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ARMED FORCES RELIEF TRUST C/O AER 200 STOVALL STREET ALEXANDRIA, VA 223320600 52-6468495	ACCEPT PUBLIC DONATIONS TO BENEFIT THE MILITARY RELIEF SOCIETIES	VA	501 (C)(3)	509(A)(3) TYPE I	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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 (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)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ARMED FORCES RELIEF TRUST	C	51,125	CASH RECEIVED
(2) ARMED FORCES RELIEF TRUST	K	0	NO ESTIMATE
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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