See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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) | Room/suite
241 18TH STREET SOUTH NO 202

City or town, state or country, and ZIP + 4
ARLINGTON, VA 22202

D Employer identification number
54-1797281

E Telephone number
(703)607-3063

G Gross receipts $ 113,565,105

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

1 Briefly describe the organization's mission or most significant activities
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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	26
	6 Total number of volunteers (estimate if necessary)	**6**	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	6,489,363	6,249,207
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,572,162	10,073,720
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-56,990	-70,619
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,004,535	16,252,308
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,281,186	8,890,335
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,769,207	2,732,322
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶468,497		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,630,272	1,736,004
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,680,665	13,358,661
	19 Revenue less expenses Subtract line 18 from line 12	-1,676,130	2,893,647

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	160,853,572	153,781,514
	21 Total liabilities (Part X, line 26)	1,424,987	1,356,537
	22 Net assets or fund balances Subtract line 21 from line 20	159,428,585	152,424,977

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

****** | 2012-10-19
Signature of officer | Date

COL SIDNEY R HEETLAND CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SUBRINA L WOOD	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00365899
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TATE AND TRYON 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036			EIN ▶ 52-1855942 Phone no ▶ (202) 293-2200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 $17 5 MILLION IN SUPPORT OF AIR FORCE MEMBERS AND THEIR FAMILIES IN 2011

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 6,861,043 including grants of $ 6,063,025) (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 $6 0 MILLION IN $2,000 GRANTS, HELPING 3,000 STUDENTS PAY FOR COLLEGE AN ADDITIONAL $50K IN MERIT-BASED GRANTS WERE AWARED TO 10 STUDENTS, EACH RECEIVING $5K THE STAP PROGRAM PROVIDES ASSISTANCE TO SPOUSES OF ACTIVE DUTY SERVICE MEMBERS WHO ACCOMPANY THE MEMBERS ON OVERSEAS ASSIGNMENTS THE FOCUS OF THE STAP PROGRAM IS THE COMPLETION OF A DEGREE OR CERTIFICATION PROGRAM THAT WILL PROVIDE INCREASED OCCUPATIONAL OPPORTUNITIES FOR THE SPOUSES BY PROVIDING UP TO $1,500 ANNUALLY TOWARDS TUITION COSTS IN 2011, THE PROGRAM HELPED 623 SPOUSES BY PROVIDING OVER $273K IN SUPPORT THE SOCIETY ALSO HELPED 214 FAMILIES WITH A TOTAL OF $214K IN NO-INTEREST SUPPLEMENTAL LOANS TO HELP FUND OTHER INCIDENTAL COLLEGE EXPENSES

4b (Code) (Expenses $ 2,421,306 including grants of $ 2,165,691) (Revenue $)

COMMUNITY ENHANCEMENT PROGRAMS - THESE PROGRAMS PROVIDE FUNDS IN AN EFFORT TO HELP IMPROVE THE QUALITY OF LIFE OF US AIR FORCE MEMBERS AND THEIR FAMILIES IN 2011, THE SOCIETY PROVIDED ALMOST $1 04 MILLION IN CHILDCARE SERVICES TO AF FAMILIES OVER 42,000 DEPLOYED AIRMEN WERE GIVEN PREPAID CALLING CARDS AT A TOTAL COST OF $360,000 THROUGH THE PHONE HOME PROGRAM, HELPING THEM MAINTAIN CONTACT WITH FAMILY MEMBERS BACK HOME $218,000 WAS SPENT ON THE BUNDLES FOR BABIES PROGRAM WHICH PROVIDES IMPORTANT INFORMATION FOR EXPECTING AF PARENTS REGARDING AVAILABLE ON BASE AND COMMUNITY ASSISTANCE PROGRAMS AS WELL AS A DISCUSSION OF THE ADDED FINANCIAL IMPACT THE NEW ADDITION TO THE FAMILY WILL HAVE EACH FAMILY RECIEVES A TOTE BAG OF BABY-RELATED GOODS FOR ATTENDING THE CLASS THE SOCIETY SPENT $183,000 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 SKILLS PROGRAM, SPOUSE ORIENTATION AND EMPLOYABILITY PROGRAMS,AND THE SPECIAL NEEDS INITIATIVE THAT HELPED FUND BASE EVENTS FOR AF FAMILIES WITH SPECIAL NEEDS CHILDREN

4c (Code) (Expenses $ 1,985,231 including grants of $ 661,619) (Revenue $)

EMERGENCY ASSISTANCE - THE EA PROGRAM IS PRIORITY NUMBER ONE FOR THE SOCIETY THIS PROGRAM AIMS TO RELIEVE THE FINANCIAL PRESSURE FELT BY AIR FORCE MEMBERS AND THEIR FAMILIES BY MEETING IMMEDIATE FINANCIAL 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 CAN ALSO ASSIST THE AF MEMBER WITH FAMILY BUDGETING TO MAKE SURE THEY REMAIN FINANCIALLY SOUND AFTER THE EMERGENCY ASSISTANCE IS PROVIDED IN 2011, THE SOCIETY PROVIDED $9 0 MILLION IN EMERGENCY ASSISTANCE, HELPING 17,800 AIRMEN AND THEIR FAMILIES THIS SUPPORT WAS PROVIDED THROUGH ALMOST $662,000 IN GRANTS AND $8 4 MILLION IN INTEREST-FREE LOANS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 11,267,580

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, 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, line10? *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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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**	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	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 or securities 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**	17		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
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?			**12a**	
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) DR MICK MCKEOWN PRESIDENT	1 00	X		X				0	0	0
(2) HON WILLIAM A MOORMAN VICE PRESIDENT	1 00	X		X				0	0	0
(3) MAJ GEN EDWARD L BOLTON TRUSTEE	1 00	X						0	0	0
(4) HON MICHAEL B DONLEY TRUSTEE	1 00	X						0	0	0
(5) MAJ GEN ALFRED K FLOWERS RET TRUSTEE	1 00	X						0	0	0
(6) CMSGT DENNIS L FRITZ RET TRUSTEE	1 00	X						0	0	0
(7) LT GEN C BRUCE GREEN TRUSTEE	1 00	X						0	0	0
(8) LT GEN RICHARD C HARDING TRUSTEE	1 00	X						0	0	0
(9) DR WILLIAM W JENNINGS TRUSTEE	1 00	X						0	0	0
(10) LT GEN DARRELL D JONES TRUSTEE	1 00	X						0	0	0
(11) MRS ELLEN JUMPER TRUSTEE	1 00	X						0	0	0
(12) DR JERROLD IW MITCHELL TRUSTEE	1 00	X						0	0	0
(13) MAJ GEN SUSAN PAMERLEAU RET TRUSTEE	1 00	X						0	0	0
(14) HON F WHITTEN PETERS TRUSTEE	1 00	X						0	0	0
(15) MR JAMES C REAGAN TRUSTEE	1 00	X						0	0	0
(16) CMSAF JAMES A ROY TRUSTEE	1 00	X						0	0	0
(17) MRS PAULA D ROY 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) GEN NORTON A SCHWARTZ TRUSTEE	1 00	X						0	0	0
(19) MRS SUZIE SCHWARTZ TRUSTEE	1 00	X						0	0	0
(20) HON EUGENE R SULLIVAN TRUSTEE	1 00	X						0	0	0
(21) LT GEN JOHN D HOPPERJR RET CHIEF EXECUTIVE OFFICER	40 00			X				194,143	0	52,918
(22) COL SIDNEY R HEETLAND RET CHIEF FINANCIAL OFFICER	40 00			X				141,732	0	44,317
(23) COL LINDA F EGENTOWICH RET CHIEF OPERATIONS OFFICER	40 00			X				138,146	0	41,493
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								474,021	0	138,728

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5 Did 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*	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACT INC 500 ACT DRIVE PO BOX 168 IOWA CITY, IA 52243	SCHOLARSHIP PROGRAM ADMINISTRATION	323,304
NORTHERN TRUST 50 LASALLE ST M-15 CHICAGO, IL 60603	INVESTMENT MANAGEMENT	213,972
BAM TECHNOLOGIES 2001 JEFFERSON DAVIS HWY STE 610 ARLINGTON, VA 22202	IT SOFTWARE DEVELOPMENT	155,689
MELLEN & COMPANY 9538 BAYFRONT DR NORFOLK, VA 23518	IT SOFTWARE DEVELOPMENT	124,438

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

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 5,297				
	b	Membership dues 1b				
	c	Fundraising events 1c 758,212				
	d	Related organizations . . . 1d 12,604				
	e	Government grants (contributions) 1e 276,198				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 5,196,896				
	g	Noncash contributions included in lines 1a-1f $ 338,209				
	h	**Total.** Add lines 1a-1f . . . . . ▶	6,249,207			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	3,849,251			3,849,251
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 103,323,773				
	b	Less cost or other basis and sales expenses: 97,099,304				
	c	Gain or (loss): 6,224,469				
	d	Net gain or (loss) . . . . . ▶	6,224,469			6,224,469
Other Revenue	8a	Gross income from fundraising events (not including $ 758,212 of contributions reported on line 1c) See Part IV, line 18 . . . a 127,304				
	b	Less direct expenses . . . b 213,493				
	c	Net income or (loss) from fundraising events . . ▶	-86,189			-86,189
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	COLLECTION - LOANS W/O 900099	8,058	8,058		
	b	CLASS ACTION SETTLEMEN 900099	7,512			7,512
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	15,570			
	12	**Total revenue.** See Instructions . . . ▶	16,252,308	8,058	0	9,995,043

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	48,107	48,107		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	7,984,892	7,984,892		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	857,336	857,336		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	612,749	337,012	208,335	67,402
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	1,323,744	728,060	450,073	145,611
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	122,107	67,159	41,516	13,432
9	Other employee benefits	546,769	300,723	185,901	60,145
10	Payroll taxes	126,953	69,824	43,164	13,965
11	Fees for services (non-employees)				
a	Management				
b	Legal	28,846	15,866	9,808	3,172
c	Accounting	51,292		51,292	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	268,653		268,653	
g	Other	57,604	31,682	19,585	6,337
12	Advertising and promotion				
13	Office expenses	108,448	62,771	34,685	10,992
14	Information technology	199,740	110,107	67,723	21,910
15	Royalties . .				
16	Occupancy	257,145	141,430	87,429	28,286
17	Travel	25,481	14,014	8,664	2,803
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,995	8,333	3,662	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	172,459	94,853	58,636	18,970
23	Insurance	36,575	20,117	12,435	4,023
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	323,304	323,304		
b	MISCELLANEOUS	70,932	51,990	14,314	4,628
c	OTHER FUNDRAISING COSTS	66,821			66,821
d	POST RETIREMENT BENEFIT	56,709		56,709	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	13,358,661	11,267,580	1,622,584	468,497
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,192,256	1	1,880,131
	2	Savings and temporary cash investments			2	905,426
	3	Pledges and grants receivable, net		30,606	3	27,311
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		6,418,027	7	5,495,958
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		33,187	9	40,665
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,633,687			
	b	Less accumulated depreciation	10b 1,164,500	472,625	10c	469,187
	11	Investments—publicly traded securities		151,347,815	11	139,628,892
	12	Investments—other securities See Part IV, line 11			12	4,947,916
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		359,056	15	386,028
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		160,853,572	16	153,781,514
Liabilities	17	Accounts payable and accrued expenses		257,192	17	231,421
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,167,795	25	1,125,116
	26	**Total liabilities.** Add lines 17 through 25		1,424,987	26	1,356,537
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		157,674,036	27	150,641,362
	28	Temporarily restricted net assets		29,745	28	33,811
	29	Permanently restricted net assets		1,724,804	29	1,749,804
		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		159,428,585	33	152,424,977
	34	Total liabilities and net assets/fund balances		160,853,572	34	153,781,514

Part XI Reconcilliation 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	16,252,308
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,358,661
3	Revenue less expenses Subtract line 2 from line 1	3	2,893,647
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	159,428,585
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-9,897,255
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	152,424,977

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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a		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 . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

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

2011

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 **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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,780,916	7,162,701	5,961,902	6,238,913	5,973,009	32,117,441
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	233,807	280,230	243,426	250,450	276,198	1,284,111
4 **Total.** Add lines 1 through 3	7,014,723	7,442,931	6,205,328	6,489,363	6,249,207	33,401,552
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						33,401,552

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,014,723	7,442,931	6,205,328	6,489,363	6,249,207	33,401,552
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,916,330	5,362,248	4,204,336	3,855,274	3,849,251	22,187,439
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	47,316	104,517	141,216	166,813	142,874	602,736
11 **Total support** (Add lines 7 through 10)						56,191,727

12 Gross receipts from related activities, etc (See instructions)	12	58,916

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 2011 (line 6 column (f) divided by line 11 column (f))	14	59 440 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	59 350 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or 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 ITEMS (1) THE SOCIETY RECEIVES INCOME FROM THE SETTLEMENT OF CLASS ACTION LAWSUITS FROM COMPANIES IN WHICH THE SOCIETY HELD AN INVESTMENT WITHIN ITS INVESTMENT PORTFOLIO IN 2011, THE SOCIETY RECEIVED $7,512 FROM CLASS ACTION LAWSUIT SETTLEMENTS (2) THE GROSS EVENT REVENUE COLLECTED FOR THE ANNUAL USAF CHARITY BALL THAT WAS HELD ON APRIL 9, 2011 THIS EVENT RAISED REVENUE OF $127,304 THAT IS CATEGORIZED AS OTHER REVENUE IN SCHEDULE A, PART II, WITH AN ADDITIONAL $758,212 THAT IS RECORDED IN THE DONATIONS LINE AS FUND RAISING EVENT DONATIONS (3) THE SUBSEQUENT COLLECTION ON EMERGENCY ASSISTANCE LOANS WRITTEN OFF AS UNCOLLECTIBLE IN 2011, THE SOCIETY RECEIVED $8,058 AS REPAYMENT ON EMERGENCY ASSISTANCE LOANS THAT WERE PREVIOUSLY WRITTEN OFF AS UNCOLLECTIBLE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	1,724,804	1,624,804	1,549,804	1,522,804	
b	Contributions	26,218	100,000	75,000	543,509	
c	Investment earnings or losses	-1,218	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	1,724,804	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

		Yes	No
(i) unrelated organizations	3a(i)		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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		219,921	175,208	44,713
d Equipment		1,413,766	989,292	424,474
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				469,187

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER LIABILITIES	109,998
ACCRUED COMPENSATION	221,673
ACCRUED YES PROGRAM GRANT LIABILITY	281,731
POST RETIREMENT BENEFIT LIABILITY (UNFUNDED)	413,669
DEFERRED 2012 CHARITY BALL INCOME	98,045
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,125,116

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,252,308
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,358,661
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,893,647
4	Net unrealized gains (losses) on investments	4	-9,897,255
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	-9,897,255
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-7,003,608

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

1	Total revenue, gains, and other support per audited financial statements			1	6,240,940
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-9,897,255		
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	-9,897,255
3	Subtract line **2e** from line **1**			3	16,138,195
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	268,653		
b	Other (Describe in Part XIV)	4b	-154,540		
c	Add lines **4a** and **4b**			4c	114,113
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	16,252,308

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

1	Total expenses and losses per audited financial statements			1	13,244,548
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	154,540		
e	Add lines **2a** through **2d**			2e	154,540
3	Subtract line **2e** from line **1**			3	13,090,008
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	268,653		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	268,653
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	13,358,661

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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 FUND 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 2008
		PART XII, LINE 4B - CHARITY BALL EVENT EXPENSES - $154,540 THIS $154,540 IS THE DIRECT COST OF THE SOCIETY'S USAF CHARITY BALL FUND-RAISING EVENT HELD IN 2011 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 - $154,540 THIS IS THE $154,540 DIRECT COST OF THE SOCIETY'S USAF CHARITY BALL FUND-RASING EVENT SEE THE NOTE ABOVE FOR PART XII, LINE 4B FOR FURTHER EXPLANATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC	0	0	GRANTS		60,173
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SEE PART V	101,966
EUROPE	0	0	GRANTS		140,878
EUROPE	0	0	PROGRAM SERVICES	SEE PART V	197,298
MIDDLE EAST	0	0	PROGRAM SERVICES	PHONE CARDS	357,021
3a Sub-total	0	0			857,336
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			857,336

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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	143	60,173	CHECK			
EDUCATION GRANTS FOR COLLEGE COURSES	EUROPE	343	140,878	CHECK			
EMERGENCY FINANCIAL ASSISTANCE	EAST ASIA AND THE PACIFIC	7	3,210	CHECK			
EMERGENCY FINANCIAL ASSISTANCE	EUROPE	29	17,272	CHECK			
CAR MAINTENANCE	EAST ASIA AND THE PACIFIC	277	8,875	CHECK			
CAR MAINTENANCE	EUROPE	838	40,614	CHECK			
BASE CHILDCARE SERVICES	EAST ASIA AND THE PACIFIC		58,564	CHECK			
BASE CHILDCARE SERVICES	EUROPE		85,532	CHECK			
BASE EDUCATION PROGRAMS	EAST ASIA AND THE PACIFIC	207	7,196	CHECK			
BASE EDUCATION PROGRAMS	EUROPE	406	14,152	CHECK			
BUNDLES FOR BABIES	EAST ASIA AND THE PACIFIC	365			21,934	GIFT TOTE BAGS	COST
BUNDLES FOR BABIES	EUROPE	541			34,562	GIFT TOTE BAGS	COST
PHONE CARDS FOR DEPLOYED AIRMEN	EUROPE	74			629	PHONE CARDS	COST
PHONE CARDS FOR DEPLOYED AIRMEN	MIDDLE EAST	42,030			357,021	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

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE SOCIETY PROVIDES EDUCATION GRANTS TO AIR FORCE FAMILIES STATIONED OUTSIDE THE UNITED STATES THROUGH TWO PROGRAMS SPOUSE TUITION ASSISTANCE PROGRAM (STAP) AND THE YOUTH EMPLOYMENT SKILLS PROGRAM (YES) ELIGIBILITY FOR THE STAP PROGRAM IS LIMITED TO SPOUSES OF ACTIVE DUTY AIR FORCE MEMBERS WHO ACCOMPANY THE SERVICE MEMBER TO OVERSEAS LOCATIONS, OFFERING UP TO $1,500 IN TUITION ASSISTANCE PER ACADEMIC YEAR THE YES PROGRAM GIVES HIGH SCHOOL DEPENDENTS OF ACTIVE DUTY AF MEMBERS THE OPPORTUNITY TO EARN UP TO A $1,000 GRANT BY PARTICIPATING IN THE ON-BASE YOUTH VOLUNTEER PROGRAM THESE TWO PROGRAMS ARE ADMINISTERED BY AIR FORCE PERSONNEL WORKING AT THE OVERSEAS BASES WITH OVERSIGHT BY THE AIR FORCE AID SOCIETY EDUCATION DEPARTMENT STUDENTS THAT ARE APPROVED FOR A GRANT MUST PROVIDE AN INVOICE OR FINANCIAL STATEMENT FROM THE SCHOOL THAT IDENTIFIES THE STUDENT, CURRICULUM AND COSTS BEFORE ANY GRANTS ARE ISSUED THE GRANTS CAN ONLY BE USED TOWARDS TUITION, BOOKS AND RELATED FEES AS SUBSTANTIATED BY THE INVOICE OR FINANCIAL STATEMENT SUBMITTED BY THE STUDENT GRANT CHECKS ARE ISSUED DIRECTLY TO THE SCHOOL WITH A COVER LETTER STATING HOW THE FUNDS SHOULD BE APPLIED TO THE STUDENT'S ACCOUNT
EXPLANATION FOR ESTIMATED NUMBER OF RECIPIENTS		SCHEDULE F, PART III, COL (C) THERE ARE NO ESTIMATES OF THE NUMBERS OF RECIPIENTS FOR THE BASE CHILDCARE PROGRAMS IN EAST ASIA AND THE PACIFIC
		PART I, LINE 3 (B) & (E) - THE SOCIETY'S PROGRAMS ARE ADMINISTERED BY US AIR FORCE EMPLOYEES AT BASES IN EAST ASIA AND EUROPE THROUGH THE AIRMAN AND FAMILY READINESS CENTERS AND EDUCATION OFFICES ON BASE THESE EMPLOYEES ARE PAID WORKERS OF THE US AIR FORCE AND PART OF THEIR REGULAR DUTIES IS TO PROVIDE SUPPORT TO AIRMEN AT THE BASE LEVEL BY ADMINISTERING THE AIR FORCE AID SOCIETY PROGRAMS PART I, LINE 3(E) - THE PROGRAMS AVAILABLE TO AIRMEN STATIONED AT OVERSEAS AIR FORCE BASES IN EAST ASIA, EUROPE AND THE MIDDLE EAST INCLUDE EMERGENCY FINANCIAL ASSISTANCE, WHICH AIMS TO HELP AIR FORCE MEMBERS IN FINANCIAL TROUBLE PAY FOR HOUSING, FOOD, UTILITIES AND OTHER BASIC NEEDS OTHER AVAILABLE PROGRAMS INCLUDE CHILD CARE SERVICES, CAR CARE, LOCAL BASE EDUCATION PROGRAMS, BUNDLES FOR BABIES, AND THE PHONE HOME PROGRAM PART I, LINE 3(E) - THE SOCIETY USES THE ACCRUAL METHOD OF ACCOUNTING THE PROGRAM EXPENDITURES ARE BASED ON THE COST OF THE BENEFIT PROVIDED NON-CASH PROGRAMS, SUCH AS THE BUNDLES FOR BABIES AND PHONE HOME CALLING CARD PROGRAM, ARE VALUED BASED ON THE COSTS OF THE ITEMS PURCHASED BY THE SOCIETY AS ASSISTANCE TO AIR FORCE MEMBERS PART III(C) - THE SOCIETY UTILIZES A PROPRIETARY DATABASE SYSTEM TO TRACK THE ASSISTANCE GIVEN, INCLUDING THE NUMBER OF PEOPLE ASSISTED THE EXCEPTION IS FOR CHILDCARE SERVICES WHERE NO RECIPIENT DATA IS KEPT NOR ESTIMATED DUE TO THE FACT THESE PROGRAMS ARE PROVIDED TO GROUPS OF PEOPLE AND NOT TIED TO SPECIFIC AF MEMBERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

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

2011

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
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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 CHARITY BALL (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	885,516			885,516
	2 Less Charitable contributions	758,212			758,212
	3 Gross income (line 1 minus line 2)	127,304			127,304
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	2,205			2,205
	7 Food and beverages	70,433			70,433
	8 Entertainment	602			602
	9 Other direct expenses	140,253			140,253
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(213,493)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-86,189

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☑

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							N/A

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

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

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 SKILLS PROGRAM (YES) THE SOCIETY HIRED A THIRD PARTY ORGANIZATION TO ADMINISTER THE HAP ARNOLD GRANT PROGRAM WHICH PROVIDED $6 05 MILLION IN GRANTS DURING 2011 ACT HANDLES THE NEED-BASED ASSESSMENT OF ALL APPLICANTS TO DETERMINE WHICH STUDENTS ARE AWARDED A GRANT ACT, INC THEN DISBURSES FUNDS DIRECTLY TO THE STUDENT'S SCHOOL 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 EDUCATION STAFF HEADQUARTERED 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

Additional Data

Return to Form

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	3304	5,904,816			
EMERGENCY ASSISTANCE FOR FOOD, SHELTER AND UTILITIES	1232	641,136			
ASSISTANCE WITH CAR REPAIRS AND MAINTENANCE	4130	133,040			
BASE CHILD CARE SERVICES		892,484			
BASE EDUCATION PROGRAMS	4161	164,399			
BUNDLES FOR BABIES SEMINAR	3624		161,579	COST	GIFT TOTE BAGS OF BABY-RELATED ITEMS
PHONE CARDS GIVEN TO DEPLOYED AIR FORCE MEMBERS	337		2,863	COST	PREPAID PHONE CARDS
SURVIVING FAMILY BENEFITS REVIEW PROGRAM	85		84,575	COST	LIFETIME MEMBERSHIP IN PROGRAM TO TRACK THE CHANGING SURVIVOR BENEFITS FOR FAMILIES OF DECEASED AF SERVICE MEMBERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 orprovision 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 ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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?	**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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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 HOPPERJR RET	(i)	179,685	8,000	6,458	16,892	36,026	247,061	0
	(ii)	0	0	0	0	0	0	0
(2) COL SIDNEY R HEETLAND RET	(i)	133,961	6,000	1,771	12,596	31,721	186,049	0
	(ii)	0	0	0	0	0	0	0
(3) COL LINDA F EGENTOWICH RET	(i)	132,000	4,000	2,146	12,240	29,253	179,639	0
	(ii)	0	0	0	0	0	0	0

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
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 - THE SOCIETY'S COMPENSATION COMMITTEE IS CHARGED BY THE BOARD OF TRUSTEES TO SET COMPENSATION FOR THE CEO EACH YEAR, STAFF PROVIDES THE COMMITTEE WITH SALARY SURVEYS AND OTHER COMPARATIVE SALARY DATA TO HELP THE COMMITTEE FORMULATE A COMPENSATION PACKAGE FOR THE CEO A WRITTEN COMPENSATION AGREEMENT IS EXECUTED EACH YEAR, DOCUMENTING THE COMPENSATION PACKAGE APPROVED BY THE COMPENSATION COMMITTEE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	1	3,057	AVG HIGH/LOW PRICE
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	259,273	LEASE AGREEMENT
26	Other ▶ (AUCTION ITEMS)	X	135	58,953	FAIR VALUE/COST
27	Other ▶ (COMPUTER EQUIPMENT)	X	21	16,926	FAIR VALUE ESTIMATE
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

			Yes	No
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		No
b	If "Yes," describe the arrangement in Part II			
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	
b	If "Yes," describe in Part II			
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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493293008242

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

2011

Open to Public Inspection

Name of the organization
AIR FORCE AID SOCIETY INC

Employer identification number
54-1797281

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 OR THE TRUSTEE PORTAL ON THE AFAS ORG WEBSITE ONCE THE REVIEW PROCESS IS COMPLETE, THE 990 IS FILED ELECTRONICALLY WITH THE IRS,AND THE PUBLIC VERSION OF THE FILING IS 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. BOARD OF TRUSTEE BY-LAWS, MEETING MINUTES, CONFLICT OF INTEREST DISCLOSURES AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE PER REQUEST ONLY

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -9,897,255

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493293008242

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

2011

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 5S33 ALEXANDRIA, VA 223320600 52-6468495	SUPPORT 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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	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	12,604	CASH RECEIVED
(2) ARMED FORCES RELIEF TRUST	K		NO ESTIMATE
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description