2989808101615
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Form <b>990-T</b>	Ex	empt Organization) (and proxy tax					rn	ОМЕ	3 No 1545-0687
	For cale	dilu ploxy tax ndar year 2018 or other tax year begin			•		2019	G	<b>0</b> 018
Department of the Treasury		► Go to www.irs.gov/Form990							50 10
Internal Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form a	s it ma	y be made public if	your orga	inization is a 501	(c)(3)	Open to 501(c)(3	Public Inspection for Organizations Only
A Check box if address changed		Name of organization ( Check bo		•		•			fication number see instructions )
address changed		ASSOCIATION OF GRADE	JATE	S OF THE UN	ITED	STATES	(2)	0,000,	,
B Exempt under section	D-1A	AIR FORCE ACADEMY					٠		
X 501( C() 3 )	Print or	Number, street, and room or suite no 1	faPO	box, see instructions				580665	
408(e) 220(e)	Type	2116 2020000 00700						lated busir nstructions )	ness activity code
408A530(a)		3116 ACADEMY DRIVE					-		
529(a)		City or town, state or province, country			ode		5111	00	
C Book value of all assets at end of year	- C	USAF ACADEMY, CO 808					] 3111	90	
57 811 190		up exemption number (See instruction type   X 501			501(c)	\ truet	401(0)	trust	Other trust
		nization's unrelated trades or busine			[ 50 1(0)		401(a) e the only		
		PERTISING INCOME	5565		nly one	complete Parts			
		end of the previous sentence, cor	nnlete						e, describe trie
trade or business, the		•	iipicic	Tarts Tario II, com	picte a c	Chedule III Tol Ce	3011 3331113		
		corporation a subsidiary in an affili	ated o	oup or a parent-su	bsidiary o	controlled group?	· · · · · · · · ·		Yes X No
		identifying number of the parent coi				J			
J The books are in care				•	Telephon	e number ▶ 7	19-472	-0300	
Part I Unrelated	Trade o	or Business Income		(A) Incom		(B) Expe			(C) Net
1a Gross receipts or	sales								
b Less returns and allowa	inces	c Balance ▶	1c						
2 Cost of goods sol	d (Sched	ule A, line 7)	2						
3 Gross profit Sub	tract line	2 from line 1c	3						
4a Capital gain net ii	ncome (a	ittach Schedule D)	4a						<u></u>
b Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b_					<u> </u>	
c Capital loss dedu	ction for t	rusts	4c					ļ	
		r an S corporation (attach statement)	5					<u> </u>	<del></del>
			6						
	nanced in	come (Schedule E)	7						<del></del>
· · · · · · · · · · · · · · · · · · ·		ents from a controlled organization (Schedule F)							
		1(c)(7), (9) or (17) organization (Schedule G)					_		
· · · · · · · · · · · · · · · · · · ·		ncome (Schedule I)	10	273	,829.	94	5,786.	+	-671,957.
		dule J)	11	275	,023.		3,700.		
•		ctions, attach schedule)	·	273	,829.	94	5,786.		-671,957.
Part II Deduction	ns Not	Taken Elsewhere (See insti	uctio						
		be directly connected with t				-	(		
		directors, and trustees (Schedule K)					14		
		(see instructions)							
19 Taxes and license	s						19		
		See instructions for limitation rules)							
21 Depreciation (atta	ach Form	4562)		2	1				
22 Less depreciation	claimed	on Schedule A-and elsewhere on re	eturn	<u> : 22</u>	а		221	<u> </u>	
23 Depletion		RECEI	VFI				23		
24 Contributions to	deferred	compensation plans					24	<u> </u>	
25 Employee benefit	program	Schedule I).	りだづへ	IRS-OSC			25		
		116	¢úZŅ	$\cdots$			26	- · · · ·	
27 Excess readership	costs (S	ichedule J).	-	<u>]&amp;</u> [			27		
28 Other deductions	(attach s	schedule) . LOGDEN	, U1	<del>.</del>			28		
29 Total deductions	. Add line	es 14 through 28		<del></del>			29		_671 057
		ole income before net operating							-671,957.
		ig loss arising in tax years beginning					1 - 1	+	-671,957.
32 Unrelated busine For Paperwork Reduct		e income Subtract line 31 from line Notice, see instructions.	30 .	<u> </u>		····· <del>· 5</del>	<u> </u>		Form <b>990-T</b> (2018)
		14/2020 9:59:22 PM	V 1	8-7.6F					PAGE 40
			_	-				,	/

Form	990-T (20					Page 2
Pai	rt III	Total Unrelated Business Taxable Income				
33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (s	ee			
	instruct	ctions)	3	33	-671	L <b>,</b> 957.
34	Amount	nts paid for disallowed fringes	3	34		
35	Deduct	tion for net operating loss arising in tax years beginning before January 1, 2018 (s	see 🗀			
		ctions), , , , , , , , , , , , , , , , , , ,		35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the si				
•	of lines	s 33 and 34		36	-671	1,957.
37		ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		3/7		1,000.
38		ated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line,	–	1		<u> </u>
30		the smaller of zero or line 36	A :	3,8	-671	L,957.
Da		Tax Computation	+1-1-3	1		.,,,,,,
			-1.	39		
39		izations Taxable as Corporations Multiply line 38 by 21% (0 21)		19		
40	Trusts		- 1	1		
		nount on line 38 from Tax rate schedule or Schedule D (Form 1041)		10		
41		tax See instructions		ı į		
42		ative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·		12		
43		n Noncompliant Facility Income. See instructions				
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	• • 4	14		
	rt V	Tax and Payments	<del></del>			
45 a	Foreign	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
b	Other o	credits (see instructions)				
С	Genera	al business credit Attach Form 3800 (see instructions)				
d	Credit f	for prior year minimum tax (attach Form 8801 or 8827)				
е		credits. Add lines 45a through 45d	4	5e		
46	Subtrac	ict line 45e from l <u>ine</u> 44	4	16		
47	Other ta	axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	le), 4	17		
48	Total ta	tax. Add lines 46 and 47 (see instructions)	$A \Box$	18		0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		19		<del></del>
		ents A 2017 overpayment credited to 2018	``			
		estimated tax payments		4		
c		posited with Form 8868				
		n organizations Tax paid or withheld at source (see instructions) 50d	$\neg$			
e		p withholding (see instructions)	$\overline{}$			
f		for small employer health insurance premiums (attach Form 8941) 50f	$\neg$			
g		credits, adjustments, and payments Form 2439	_			
9		Form 4136 Other Total > 50g				
51		payments Add lines 50a through 50g	┥,	51		
52		ated tax penalty (see instructions) Check if Form 2220 is attached.	<del></del>	52		
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		
54			- T	54		
	•	ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		55		
55 201	rt VI	he amount of line 54 you want Credited to 2019 estimated tax ► Refunded  Statements Regarding Certain Activities and Other Information (see Instruc		75		
				ther ou	thority Ye	s No
56		y time during the 2018 calendar year, did the organization have an interest in or a signature				3 100
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•		- 1	
		N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foi	reign c	Ouritry	x
	here 🕨				— ⊢	$\frac{1}{x}$
57	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign	trust?.	$\cdots$	<del> ^-</del>
	_	" see instructions for other forms the organization may have to file				
<u>58</u>		the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
٥.	tri	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	tne best	or my kr	nowledge and	belief, it is
Sig	n	nech Nell	May	the IRS	discuss thi	s return
Her	_	10/17/2019 CEO	with	the pre	parer showr	
	S	Signature of officer Date Title	(see in	structions)	<sup>7</sup> X Yes	No
Paid			Check	ır	PTIN	
	parer		self-emp		P00841	
	Only	Firm's name ► STOCKMAN KAST RYAN & CO, LLP	Firm's El		4-15095	
		Firm's address ▶ 102 N. CASCADE AVENUE, SUITE 400, COLORADO SPRINGS, CO 80903	Phone no	。7 <del>1</del> 9-	-630-118	86
JSA					Form 990-	T (2018)

JSA

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Page 4

Schedule F—Interest, Annu	uities, Royalties			ntrolled Org			ions (see	Instructio	ns)		
Name of controlled organization	2 Employer identification number	er 3 Ne	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)							<u> </u>				
(2)											
(3)											
(4)					L						
Nonexempt Controlled Organia	zations					,					
7 Taxable Income	8 Net unrelated in (loss) (see instruct	I .		Total of specific ayments made		Includ	rt of column ed in the co zation's gross	ntrolling		Deductions directly inected with income in column 10	
(1)											
(2)	· · <del>-</del>										
(3)											
(4)											
Totals		tion 501(c	····		▶ ) Orga	Enter Part	columns 5 a here and on I, line 8, colui	page 1, mn (A)		ter here and on page 1, rt I, line 8, column (B)	
1. Description of income	2 Amount of	<del> </del>		3 Deduction of the 3 december 3 d	tions nected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	er Th	an Advert	isina Ir	ome (	see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	ses / with n of	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ne (loss) ted trade (column lumn 3) ompute	5 Gro from a	ss income ctivity that unrelated ss income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				<del> </del>		<del> </del>		<del> </del>			
(2)				<del> </del>		<del></del> -					
(3)				+							
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, co	art I,		<u> </u>	<u>.                                    </u>				Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	ncome (see instri	uctions)		<u> </u>						<u> </u>	
Part I Income From Per			onsol	idated Ba	sis	•		·			
		<u> </u>	<u> </u>	4 Adver	tising					7 Excess readership	
1 Name of periodical	2 Gross advertising income	3 Dire- advertising		gain or (lo: 2 minus c a gain, co cols 5 thr	ol 3) If impute		rculation come	6 Reade		costs (column 6 minus column 5, but not more than column 4)	
(1)		<del></del>									
(2)				7				1			
(3)	1			7							
(4)	†			7			-			一 .	
	1					i					
Totals (carry to Part II, line (5))											

84-0580665

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Totals, Part II (lines 1-5) . .

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7 Excess readership costs (column 6 4 Advertising 2 Gross gain or (loss) (col 3 Direct 5 Circulation 6 Readership advertising minus column 5, but 1 Name of periodical 2 minus col 3) If advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. . . . . .  $\blacktriangleright$ 

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14.			

Enter here and on

page 1, Part I,

line 11, col (B)

945,786.

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Enter here and

on page 1,

Part II, line 27

Enter here and on

page 1, Part I,

line 11, col (A)

273,829.

ATTACHMENT 1

3

READERSHIP COSTS

READERSHIP COSTS

CIRCULATION INCOME

GAIN OR LOSS ADVERTISING

ADVERTISING

DIRECT

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

ASSOCIATION OF GRADUATES OF THE UNITED STATES

COSTS

INCOME

NAME OF PERIODICAL

ADVERTISING GROSS

-230,108

233,108

3,000

-14,018

14,128

110

EVENTS - SPORTS

EVENTS

COMMUNICATIONS

-119,746

119,746

20,000

20,000

OUTDOOR/INDOOR ADVERTISING

CHECKPOINTS MAGAZINE

PARENT'S HANDBOOK

-223,630

315,769

92,139

-10,017

10,017

-158,302

223,302

65,000

34,085

9,015

43,100

19,658

5,342

25,000

TARGETED EMAILS ADVERTISING

COLUMN TOTALS

WEB ADVERTISING

ZOOMIENEWS

WEBGUY

945,786

273,829

10,121

15,359

25,480

9

EXCESS ٦

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V 18-7.6F

ATTACHMENT 1