4.

SCANNED AUG 0 3 2022

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2020

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A I	For th	e 2020	calendar year, or tax year beginning 0 / / 01 , 2020, ar	nd ending		12/31,2	
В	Check if	pplicable	C Name of organization ASSOCIATION OF GRADUATES OF THE UNITED STATES AIR FORCE ACADEMY		D Employer iden 84-0580		nber
Г	Addr		Doing business as				
Г	7	e change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone num	nber	
Г	Initia	l return	3116 ACADEMY DRIVE		(719) 472	2-0300	
		return/	City or town, state or province, country, and ZIP or foreign postal code				
\vdash	Ame		USAF ACADEMY, CO 80840-4475		G Gross receipts	\$ E	5,913,482.
\vdash	retur Appl	cation	F Name and address of pnnopal officer ALTON PARRISH		H(a) Is this a group		Yes X No
_	pend	ing	3116 ACADEMY DRIVE, USAF ACADEMY, CO 80840-44	175	subordinates? H(b) Are all subordin		Yes No
	Tayle	empt st		52773	If "No," atta	ach a list See in	structions
			WWW.USAFA.ORG	1 102.0	H(c) Group exempt	tion number	•
			nization X Corporation Trust Association Other ▶	L Vear of forma	tion 1968 M s		
				L Tear Of Ionna	1011 23 00 111 0	nate of legal c	ionnaic ou
	art I	30	Immary v describe the organization's mission or most significant activities TO WORK	TN SUPPOR	T OF THE A	IR FORC	·F.
	1	Briefly	U.S. AIR FORCE ACADEMY & ITS GRADUATES TO RAIS	F FUNDS &	DEVELOP	1111 10110	
2 E			DEMY, CADET & GRADUATE PROGRAMS THAT WOULD OTHE				
E	İ						
Activities & Governance	2		this box If the organization discontinued its operations or disposed of		1	_ 1	15
õ	3		er of voting members of the governing body (Part VI, line 1a)			3	15.
S.	4		er of independent voting members of the governing body (Part VI, line 1b)			4	15.
ij	5	Total	number of individuals employed in calendar year 2020 (Part V, line 2a)			5	58.
흕	6	Total	number of volunteers (estimate if necessary)			6	3.
ĕ	7a	Total	unrelated business revenue from Part VIII, column (C), line 12 . 😱 🛼 🙃	300	[7a	94,860.
	b	Net ur	nrelated business taxable income from Form 990-T, Part I, line 1		7	7b	0.
					Prior Year	Cu	rrent Year
_	8	Contri	butions and grants (Part VIII, line 1h)	.20an . TOST	4,368,973	3. 1	,626,821.
Revenue	9	Progra	am service revenue (Part VIII line 2d)	4441 191	734,243	3.	94,860.
š	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN		2,311,065	5.	271,928.
ž	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	UTE	921,991	ī.	450,043.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		8,336,272		,443,652.
			s and similar amounts paid (Part IX, column (A), lines 1-3)		5,874,227		,644,763.
	ı		its paid to or for members (Part IX, column (A), line 4)			0.	0.
	14				2,842,144		,598,386.
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			0.	0.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)	• • • • •			<u> </u>
×			fundraising expenses (Part IX, column (D), line 25) ► 10,407.		2,730,054		,104,243.
_	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				,347,392.
	18	Total 6	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		11,446,425		
	19	Reven	ue less expenses Subtract line 18 from line 12		-3,110,153		,903,740.
us or				Begin	ning of Current Ye		d of Year
alar	20	Total a	assets (Part X, line 16)	<i></i>	54,212,848		,180,175.
98	21		iabilities (Part X, line 26)		12,075,388		,756,665.
ᇎ	20 21 22	Net as	sets or fund balances Subtract line 21 from line 20		42,137,460	110	,423,510.
Pa	rt li		nature Block				
Und	ier pei	nalties o	f perjury, I declare that I have examined this return, including accompanying schedules	and statements, a	and to the best of r	my knowledge	e and belief, it is
true	, corre	ct, and	complete Declaration of preparer (other than officer) is based on all information of which p	preparer has any ki	Towleage		
		N	Serule Narwi				
Sig	n	> §	Ignature of officer		Date	,	
lei	re	,	Jenniler Harwig		10/19	5/202	/
		T	ype or print name and title				<i></i>
			Type preparer's name Preparer's signature	Date	Check	PTIN	
aıd	l		1 \max (L \max)) 09/27/202		· [341439
, ret	oarer	-	· OMOCKANI KACM DVAN C CO TID	X, 202	Firm's EIN ▶ 84		
Jse	Only	Firm's	name -		7.1	9-630-1	
A	. 41		address >102 N CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903		Phone no /1		
<u> </u>			scuss this return with the preparer shown above? (see instructions)				res No
or	Paper	work F	Reduction Act Notice, see the separate instructions.			For	m 990 (2020)

_`	inducting of distributing of the distribution of distribution
_	rm 990 (2020) Page 2
ľ	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
-	
7	Briefly describe the organization's mission TO PURSUE OUR VISION AND TO SERVE AND SUPPORT THE UNITED STATES OF
	AMERICA, THE UNITED STATES AIR FORCE, THE UNITED STATES AIR FORCE
	ACADEMY, AND THE GRADUATE COMMUNITY BY CONTINUED ON SCH O
_	Did the second street was a facility of the second street was a second street as the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported
	the total expenses, and revenue, if any, for each program service reported
4-	(Code) (Expenses \$ 2,287,898. Including grants of \$ 1,644,763.) (Revenue \$ 136,044)
44	(Code
	DIRECTLY SUPPORT THE ACADEMY, CADET WING OR ALUMNI.
	DIRECTLY SUPPORT THE ACADEMY, CADET WING OR ALOMNY.
4b	(Code) (Expenses \$ 100,219 including grants of \$) (Revenue \$ 260,718)
	MEMBER SERVICES - FUNDS UTILIZED TO MAINTAIN INFORMATION ON GRADUATES AND TO PROVIDE NETWORKING OPPORTUNITIES AMONG GRADUATES
	AND SUPPORTERS.
	AND SUPPORTERS.
	(Code) (Expenses \$ 564,198 including grants of \$) (Revenue \$)
	COST OF PUBLICATIONS - FUNDS UTILIZED FOR PUBLICATION AND
	DISTRIBUTION OF THE ALUMNI MAGAZINE CHECKPOINTS, THE REGISTER OF
	GRADUATES AND VAROUS OTHER ALUMNI AND ACADEMY RELATED
	PUBLICATIONS.
4d	Other program services (Describe on Schedule O) ATTACHMENT 1
_	(Expenses \$ 405,415 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,357,730.

Form 990 (2020)

Form	990 (2020)			Page 3
Par	t 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,"		l ,	ĺ
•	complete Schedule A	1 2	X	-
2	Did the organization required to complete Schedule B, Schedule of Contributors See instructions? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-2-	<u> </u>	\vdash
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		 	┝┄
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1	Ì	1
	"Yes," complete Schedule D, Part I	6		Х
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	_	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	_9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1.4	1,24	3 3
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ರ್ಷ.	201
d	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	110		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$-\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>_x</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate		[
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ľ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	\Box		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		_X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 }	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	- domestic government on Fait IX, condimit (XI), time 17 if 165, complete domestic I, faits faitur 1,	. 41		

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Pa	n	۵	4

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	l x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	- -		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		\vdash
C	to defease any tax-exempt bonds?	24c		
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		l x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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?	l		١,,
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			١
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	i ,		
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			4.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ł	
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	The second of th	Ť	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		ļ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and		;	
J	reportable gaming (gambling) winnings to prize winners?	1c		
ISA	3-12/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3		aan 7	2020)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		,	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		٠.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 58		~~ ·	١.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		:	۲
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶		;	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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 as charitable contributions?	6a	<u> </u>	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
	gifts were not tax deductible?	6b		 ;
	Organizations that may receive deductible contributions under section 170(c).			!
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	~ -	X
_	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	۲,		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?	٠,٠		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	د.د	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	~1		- 1
0	sponsoring organizations maintaining donor advised rands. Big a denor devised rand maintaining by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	·		-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter	,	.	
	Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	-		-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O	٠		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	and organization is necessary to the second	·	- 1	
C	Little tille allibant of reserves on hand	14a		
	Did the organization receive any payments for indoor tanning services during the tax year?	14b	•	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			

Form	990 (2020)	ASSOCIATION OF GRADUATES OF THE UNITED STATES 84-058	0665		Page 6
Par		vernance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			
		ponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
	Ch	eck if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Go	overning Body and Management			
				Yes	No
1a	Enter the	number of voting members of the governing body at the end of the tax year 1a 15	<u>기</u> ~	١	
	If there a	re material differences in voting rights among members of the governing body, or	1 -	l ·	,
	on the go	overning body delegated broad authority to an executive committee or similar e, explain on Schedule O	-	-	,
b	Enter the	number of voting members included on line 1a, above, who are independent	,	, .	
2		officer, director, trustee, or key employee have a family relationship or a business relationship with	ليب		1.20
		officer, director, trustee, or key employee?	2		Х
3		rganization delegate control over management duties customarily performed by or under the direct			1
		on of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the org	panization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the oi	ganization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the oi	ganization have members or stockholders?	6		X
7a	Did the o	rganization have members, stockholders, or other persons who had the power to elect or appoint			
		ore members of the governing body?	7a	Х	
b	Are any	governance decisions of the organization reserved to (or subject to approval by) members,			
	stockhold	ers, or persons other than the governing body?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions undertaken during	.		1
	the year b	y the following:			
а	The gover	rning body?	8a_	Х	<u> </u>
b	Each com	mittee with authority to act on behalf of the governing body?	8b	Х	
9	Is there a	ny officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Ļ	<u>X</u>
Sect	ion B. Pol	icies (This Section B requests information about policies not required by the Internal Revenue	Code		
				Yes	No
		ganization have local chapters, branches, or affiliates?	10a		Х
b		lid the organization have written policies and procedures governing the activities of such chapters,			
		and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	-	anization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	Х	
b		in Schedule O the process, if any, used by the organization to review this Form 990	40-	X	İ
12a		ganization have a written conflict of interest policy? If "No," go to line 13	12a	^	-
b		cers, directors, or trustees, and key employees required to disclose annually interests that could give	4 2 1	х	
		ıflıcts?	12b		
С		organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420	х	
		n Schedule O how this was done	12c	X	
13		ganization have a written whistleblower policy?	14	X	
14		ganization have a written document retention and destruction policy?			
15	•	rocess for determining compensation of the following persons include a review and approval by	ļ. ļ		
_		ent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	$\tilde{\mathbf{x}}$	-
a		sization's CEO, Executive Director, or top management official	15b		X
b		cers or key employees of the organization	135		
4.0		line 15a or 15b, describe the process in Schedule O (see instructions)		,	
16a		rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
L		able entity during the year?	"		
D	narticinati	on in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1 1		
		on's exempt status with respect to such arrangements?	16b		
Secti	on C. Disc				
17		ates with which a copy of this Form 990 is required to be filed ▶ CO, SC,			
18		104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	ion 5	11(0)
10		available for public inspection. Indicate how you made these available. Check all that apply	(080		, (U)
		website Another's website X Upon request Other (explain on Schedule O)			
19		on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	inter	est n	olicy
13		ial statements available to the public during the tax year	111161	cat p	Jiicy,
20			s b		
20	ALTON PARR	name, address, and telephone number of the person who possesses the organization's books and record 15H 3116 ACADEMY DRIVE USAF ACADEMY, CO 80840-4475 719-472-0300			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)MARCOLONGO, MARTIN	40.00									
PRESIDENT & COO	0.	1		x				323,894.	0.	28,687
(2)GOULD, MIKE	40.00	-	T							<u> </u>
CEO	0.	1		Х				173,077.	0.	7,091
(3) GRUBBS, CORRIE	40.00				\vdash					
SR VP OPERATIONS	0.	1		Х			Ì	100,132.	0.	11,000
(4) HARWIG, JENNIFER	40.00									
CFO	0.			Х				86,311.	0.	2,607.
(5) BERGEMAN, MICHELE	40.00									
VICE PRESIDENT, ALUM RELATION	0.			Х				73,585.	0.	9,992.
(6) SIMON, STEVEN	40.00									
EXECUTIVE VICE PRESIDENT	0.			х				49,633.	0.	2,475.
(7) PARRISH, ALTON	40.00									
SR VP FINANCE & CFO	0.		ļ	Х				28,485.	0.	1,729.
(8)MCCLAIN, CATHY	5.00			_						
CHAIRPERSON	0.	Х		Х				0.	0.	0.
(9) LOWE, BOB	5.00									
VICE CHAIRPERSON	0.	Х		Х		ľ		0.	0.	0.
(10) STREBE, GLENN	5.00									
TREASURER	0.	Х		х				0.	0.	0.
(11) CAINE TONNESON, VIRGINIA	5.00									
SECRETARY	0.	Х		Х		ı	ĺ	0.	0.	0.
(12) TAYLOR, NANCY	5.00									
DIRECTOR	0.	Х				_		_0.	0.	0.
(13) HENDEL, ANDREW	5.00									
DIRECTOR	0.	Х		_	}		_	0.	0.	0.
(14) VOLCHEFF, MARK	5.00									
DIRECTOR	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per week (list any hours for Position (do not check more the box, unless person is b officer and a director/ti						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) GUNN, WILL	5.00	J						_	_	
DIRECTOR 16) MUEH, HANS	5.00	X			_		i	0.	0.	
DIRECTOR	0.	X						0.	0.	
17) PRZYBYSLAWSKI, EMMA	5.00	 			-		-			
DIRECTOR	0.	х				l		0.	0.	
18) GORENC, FRANK	5.00									
DIRECTOR	0.	X			L			0.	0.	
19) VARGAS, JOHN	5.00								_	
DIRECTOR 20) DABNEY, DENNIS	5.00	X	\vdash	-				0.	0.	· · · · · · · · · · · · · · · · · · ·
DIRECTOR	 0.	x						0.	0.	
21) DUDLEY, GARRY	5.00		H							
DIRECTOR	0.	х						0.	0.	
22) BOYLE, DIANN	5.00									
DIRECTOR	0.	Х						0.	0.	
23) BROWER, DOUG	5.00			ŀ					_	-
CAS PRESIDENT	0.	_ X	\dashv					0.	0.	
1b Sub-total							>	835,117.	0.	63,581
c Total from continuation sheets to Part VII, S	ection A						 	0.	0.	0
d Total (add lines 1b and 1c)							▶	835,117.		63,581
2 Total number of individuals (including but not reportable compensation from the organization		nose I 3		d ab	ove	e) who	re	ceived more than \$	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	ater than	\$15	0,00	002	lf	"Yes	," c	complete Schedule	e J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes										5 X
Section B. Independent Contractors										
Complete this table for your five highest componentation from the organization Report of year.										
(A) Name and business add	ress		-					(B) Description of ser	vices C	(C) ompensation
2. Total number of independent contractors (in			-				<u> </u>			

more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Gifts, Grants ilar Amounts Federated campaigns 1b 1,361,719 c Fundraising events 1 c Related organizations 1d Government grants (contributions) . . 1e Contributions, (and Other Simi All other contributions, gifts, grants, and similar amounts not included above 265,102 g Noncash contributions included in lines 1a-1f. 1,626,821 Total. Add lines 1a-1f Business Code Program Service Revenue PUBLIC ADVERTISING 511190 94,860. 94.860 All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 441,843 441.843 Income from investment of tax-exempt bond proceeds . > 0 53,281 53,281. (ı) Real (II) Personal Gross rents 1,694 6a Less rental expenses 6b 1,694 1,710 Rental income or (loss) 6c 3.404 Net rental income or (loss) -(i) Secunties (II) Other Gross amount from sales of assets 4,123,864 other than inventory Less cost or other basis Revenue 4,293,779 and sales expenses . . -169,915 Gain or (loss) d Net gain or (loss) Other 8a Gross income from events (not including \$ of contributions reported on line 1c) See Part IV, line 18 0 Net income or (loss) from fundraising events Gross ıncome from gaming activities See Part IV, line 19 0 9b Less direct expenses Net income or (loss) from gaming activities 10a sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales of inventory, 119,604 119,604 **Business Code** Miscellaneous Revenue SACC CONFERENCE 900099 136,044 136,044 11a 900099 137,710 137,710 OTHER h All other revenue 273,754 Total. Add lines 11a-11d Total revenue See instructions ▶ 2,443,652 396,762 94,860 325,209

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)

<u>Sec</u>	Check if Schedule O contains a response or note to any line in this Part IX							
	Check if Schedule O contains a res				· · · · · · · · · · · · · · · · · · ·			
	not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21	1,530,556.	1,530,556.					
2	Grants and other assistance to domestic individuals See Part IV, line 22	· 114,207.	114,207.					
3	Grants and other assistance to foreign				### XX 17 TO THE			
•	organizations, foreign governments, and							
	foreign individuals See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.		到的影響的表示。其他影響				
	Compensation of current officers, directors,							
•	trustees, and key employees	523,658.	300,270.	221,138.	2,250.			
6	Compensation not included above to disqualified							
•	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	854,555.	489,101.	361,790.	3,664.			
	Pension plan accruals and contributions (include							
J	section 401(k) and 403(b) employer contributions)	0.						
9	Other employee benefits	129,589.	76,108.	52,911.	570.			
10	Payroll taxes	90,584.	49,109.	41,107.	368.			
11	Fees for services (nonemployees)							
	Management	0.						
	Legal	157,566.	108,334.	48,637.	595.			
c	Accounting	0.						
d	Lobbying	0.						
	Professional fundraising services See Part IV, line 17,		建筑建筑					
1	Investment management fees	4,805.		4,805.				
g	Other (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O)	0.						
12	Advertising and promotion	27,906.	16,026.	11,880.				
13	Office expenses	327,184.	231,212.	94,869.	1,103.			
14	Information technology	0.						
15	Royalties	0.						
16	Occupancy	63,619.	44,958.	18,447.	214.			
17	Travel	4,271.	3,141.	1,130.				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.	1 100					
19	Conferences, conventions, and meetings	1,403.	1,403.					
20	Interest	0.						
21	Payments to affiliates	286,253.	202 207	83,001.	965.			
22	Depreciation, depletion, and amortization	286,253. 31,945.	202,287.	31,945.	903.			
23	Insurance	DI, 340.	Bester Barrell Commencer	31,343.	THE SECOND WASHINGTON			
24				は、ないからの大きのが、日本の大きの大きのできた。 「大きない」というできたのできた。				
	above (List miscellaneous expenses on line 24e If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
	POSTAGE & SHIPPING	94,900.	89,155.	5,742.	3.			
	PROFESSIONAL PRINTING	104,391.	101,863.	1,853.	675.			
_								
C								
d								
	All other expenses Add lines 1 through 24e	4,347,392.	3,357,730.	979,255.	10,407.			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,021,022	, = = , = = ,					
	organization reported in column (B) joint costs							
	from a combined educational campaign and fundraising solicitation Check here							
	following SOP 98-2 (ASC 958-720)	0.						
JSA					Form 990 (2020)			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	765,576.	1	1,259,428.
	2	Savings and temporary cash investments	24.	2	5,471.
	3	Pledges and grants receivable, net	911,729.		377,925.
	4	Accounts receivable, net	72,973.	4	139,011.
	5	Loans and other receivables from any current or former officer, director,			
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
v,	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	195,209.	8	215,199.
As	9	Prepaid expenses and deferred charges	121,867.		154,862.
	_	Land, buildings, and equipment cost or other		N/A	
		basis Complete Part VI of Schedule D 10a 13,128,500.			
	h	Less: accumulated depreciation	3,991,505.		3,993,172.
	11	Investments - publicly traded securities	48,153,965.	11	116,035,092.
	12	Investments - other securities See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.		0.
	15	Other assets See Part IV, line 11	0.		15.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	54,212,848.	16	122,180,175.
_	17	Accounts payable and accrued expenses	226,851.	17	602,668.
	18	Grants payable		18	0.
	19	Deferred revenue		19	9,814,894.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
(0	22	Loans and other payables to any current or former officer, director,		4-5	T*************************************
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		が、だ	
Ē		controlled entity or family member of any of these persons	0.	22	0.
ᆵ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	Ö.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
	-	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	1,138,081.	25	1,339,103.
	26	Total liabilities. Add lines 17 through 25	12,075,388.	26	11,756,665.
		Organizations that follow FASB ASC 958, check here ► X			
ž Ž		and complete lines 27, 28, 32, and 33.	26,372,401.		33,406,767.
3al	27	Net assets without donor restrictions	15,765,059.	27	77,016,743.
Ē	28	Net assets with donor restrictions		20	
Net Assets or Fund Balance			· · · · · · · · · · · · · · · · · · ·	相談	
0 9	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	42,137,460.	32	110,423,510.
z	33	Total liabilities and net assets/fund balances	54,212,848.	33	122,180,175.
_					Form 990 (2020)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X.
1	Total revenue (must equal Part VIII, column (A), line 12)	1				652.
2	Total expenses (must equal Part IX, column (A), line 25)	2			347,	
3	Revenue less expenses Subtract line 2 from line 1	3			903,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		42,	137,	460.
5	Net unrealized gains (losses) on investments	5		8,2	200,	131.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			128,	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		7,8	361,	441.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	.				
	32, column (B))	10	1	110,4	123,	510.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>	<u>.</u>	
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			:	- ;	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	φlaın	ın	1	,	.
	Schedule O			1	~ , 4	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Ĺ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or		· , · ,	, i
	reviewed on a separate basis, consolidated basis, or both.			10]. ' ' ,	1 1
	Separate basis Consolidated basis Both consolidated and separate basis			-		
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit			, - ,	, ,	
	separate basis, consolidated basis, or both.			١.		
	X Separate basis Consolidated basis Both consolidated and separate basis					ائــــــــــــــــــــــــــــــــــــ
- с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight	t of	}		
	the audit, review, or compilation of its financial statements and selection of an independent accountar			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex			1 1		
	Schedule O			, ,		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in '	the			
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b		
				Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

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.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

ASSOCIATION OF GRADUATES OF THE UNITED STATES

AIR FORCE ACADEMY

Employer identification number 84-0580665

Fe	II L	Reason for Public Un	arity Status. (All	organizations must	comple	ete uns p	part.) See instruction	15.				
The	orga	anization is not a private for	undation because	it is: (For lines 1 throu	gh 12, c	heck onl	y one box.)	<u> </u>				
1		A church, convention of ch	nurches, or associa	ation of churches desc	cribed in	section	170(b)(1)(A)(i).	_				
2		A school described in sect	tion 170(b)(1)(A)(ii	i). (Attach Schedule E	(Form 9	990 or 99	0-EZ))	09				
3	\Box	A hospital or a cooperative	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	\square	A federal, state, or local g	-									
7		An organization that norm	nally receives a su	bstantial part of its si	upport fi	rom a go	overnmental unit or fi	rom the general public				
	_	described in section 170(b)(1)(A)(vi). (Comp	olete Part II)								
8		A community trust describ										
9	Ш	An agricultural research or	ganization describ	ed in section 170(b)(1	l)(A)(ix)	operate	d in conjunction with a	i land-grant college				
		or university or a non-land-	-grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state of	of the college or				
		university.										
10	Х	An organization that normal receipts from activities relassing support from gross investracquired by the organization	ated to its exempt ment income and i	functions, subject to currelated business tax	ertain e able inc	xception ome (les	is, and (2) no more that is section 511 tax) from	n 331/3 % of its				
11		An organization organized										
12		An organization organized	and operated excl	lusively for the benefit	of, to p	erform ti	he functions of, or to	carry out the purposes				
	_	of one or more publicly st	ipported organizat	tions described in sec	tion 509	(a)(1) o	r section 509(a)(2). S	See section 509(a)(3).				
		Check the box in lines 12a	through 12d that d	lescribes the type of s	upportin	g organi	zation and complete li	nes 12e, 12f, and 12g				
а		Type I. A supporting org	anization operated	d. supervised, or contr	olled by	its supr	ported organization(s).	typically by giving				
		the supported organization										
		supporting organization				, ,						
b		Type II. A supporting org	•	-		n with its	s supported organizati	on(s), by having				
-		control or management	•				-	· · · · · -				
		organization(s) You mus	• • • •	=				3				
c		Type III functionally inte	•		ated in c	onnectio	on with, and functiona	Ilv integrated with.				
Ī		its supported organization						.,				
d		Type III non-functionally		-				ted organization(s)				
_		that is not functionally inte	•		•		• •	• ,,				
		requirement (see instruct	-	-			•					
е		Check this box if the orga	•	•		· ·		II. Type III				
		functionally integrated, or						···				
f	Ente	er the number of supported										
g		vide the following information	•					<u> </u>				
		me of supported organization	(II) EIN	(iii) Type of organization	listed in yo	organization ur governing ment?		(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
^ <i>,</i>												
В)												
C)												
D)												
E)					-							
 Tota	1											

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

Schedule A (Form 990 or 990-EZ) 2020

_			
Р	an	6	

Pa	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019 /	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/ .				
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	SEPTEMBER 18 STREET		TO THE PART OF THE					
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	新加州		ALL MARKETS					
<u>Sec</u>	tion B. Total Support			<u> </u>					
Cale	ndar year (or fiscal year beginning In) 🕨	(a) 2016	(b) 2017 /	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7 8	Amounts from line 4								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10	MACHINE MACHINE		K340/53	国民进行				
12	Gross receipts from related activities, etc. (see instructions) .				12			
13 ——	First 5 years. If the Form 990 is fo organization, check this box and stop here	<u> /</u>		, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶		
Sec	ion C. Computation of Public Sup								
14	Public support percentage for 2020 (I	,	-		*	14			
15	Public support percentage from 2019				,	15	<u> </u>		
16a	331/3% support test - 2020. If the for						neck this		
	box and stop here. The organization q 331/3% support test - 2019. If the organization	•		_			···		
D	this box and stop here. The organizati						e, check		
17a	10%-facts-and-circumstances test						ne 14 is		
· · a	10% or more, and if the organization								
	Part VI how the organization meets								
	organization						∴. ▶ 🔲		
b	10%-facts-and-circumstances test -:	2019. If the org	anization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line		
	15 is 10% or more, and if the organi								
	in Part VI how the organization meet	s the facts-and-	circumstances t	est The organiz	zation qualifies	as a publicly su	pported		
	organization						▶ 📙		
18	Private foundation If the organization						_ [[]		
	instructions	<u></u>	<u> </u>	<u> </u>					
					Sc	hedule A (Form 99	0 or 990-EZ) 2020		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II)

_							
Sec	ction A. Public Support	,				<u> </u>	
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	3,865,465	4,712,889.	4,335,454	4,368,973	837,509	18,120,290
2	Gross receipts from admissions, merchandise			ľ	1	1	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,425,688.	1,447,236.	1,618,689.	873,252	172,818	5,537,683.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to			1	ĺ	1	ł
	or expended on its behalf				1		0.
5	The value of services or facilities						
•	furnished by a governmental unit to the			}	J]	J
	organization without charge						٥.
6	Total. Add lines 1 through 5	5,291,153.	6,160,125.	5,954,143	5,242,225	1,010,327	23,657,973
		3,231,133.	0,100,123.	- 37,554,215	3,212,223	1,010,32,	23,031,373
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons	2,360,600.	2,859,549.	2,647,700.	2,679,600	1,355,750	11,903,199
h	Amounts included on lines 2 and 3	2,360,600.	2,033,343.	2,047,700.	2,073,000	1,333,730	11,903,199
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	2 360 600	2 050 540	2 647 700	2,679,600	1 255 250	0.
-	Add lines 7a and 7b	2,360,600.	2,859,549.	2,647,700	2,679,600	1,355,750.	11,903,199.
8							11 764 774
	line 6)	t. 12	- 7	6 3 m 3 5	<u>[}#^</u>	33.	11,754,774.
	tion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in)		6,160,125.	5, 954, 143	5,242,225		
9 10 a	Amounts from line 6	5,291,153	6,160,123.	3, 334, 143	3,242,223	1,010,327	23,657,973.
	payments received on securities loans,						
	rents, royalties, and income from similar	1 010 712	1 101 623	1 210 754	1 266 776	405 104	F 100 000
	Sources	1,010,712	1,101,623.	1,319,754	1,265,776	495,124	5,192,989.
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	1,010,712	1,101,623	1,319,754.	1,265,776.	495,124	5,192,989.
11	Net income from unrelated business						
	activities not included in line 10b, whether					-	
	or not the business is regularly carried on.				····		0
12	Other income Do not include gain or	1					
	loss from the sale of capital assets						
	(Explain in Part VI) ATCH 1	756,175.	1,247,854	1,600,000			3,604,029.
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	7,058,040	8,509,602	8,873,897	6,508,001	1,505,451	32,454,991.
14	First 5 years. If the Form 990 is for	_					501(c)(3)
<u> </u>	organization, check this box and stop here.			· · · · · · · · · · · · · · · · · · ·	· · · · <u>· · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · •
	tion C. Computation of Public Supp	 ,		(0)			36 32 %
15	Public support percentage for 2020 (line 8,	• • •	-			15	36.22 %
16	Public support percentage from 2019 Sche			· · · · · · · · · · · · · · · · · · ·		16	41.29%
	tion D. Computation of Investment						16 00:
17	Investment income percentage for 2020 (lin					17	16.00%
18	Investment income percentage from 2019 S					18	13.99%
19 a	331/3% support tests - 2020. If the org						
	17 is not more than 331/3%, check this				-	-	
b	331/3% support tests - 2019 If the orga						. —
	line 18 is not more than 331/3%, check					_	
20	Private foundation If the organization d	id not check a	hov on line 14	19a or 19h	check this hov	and see instruct	tions -

Schedule A (Form 990 or 990-EZ) 2020

Part IV

Supporting Organizations

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

Section A	. All	Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of state under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(. purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and El numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such actio (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings)

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PAGE 18

P	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
_	instructions. All other Type III non-functionally integrated supporting organization	zatior	is must complete Sections	s A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
_k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		·
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	型的区别的 的形式和2009年	
2	Enter 0 85 of line 1	2	建筑建筑 是2000年代	
	Minimum asset amount for prior year (from Section B, line 8, column A)	3	の記述を対象を対象の	
	Enter greater of line 2 or line 3	4	SARAHARIEN PROGRA	
5	Income tax imposed in prior year	5	は、自己は学院が開発	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		新 特殊性心的形式小	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally (see instructions)	integ	grated Type III supporting o	organization

Schedule A (Form 990 or 990-EZ) 2020

	ule A (Form 990 or 990-EZ) 2020	C	tions (sontinue -1)		Page /
Part		Supporting Organiza	tions (continued)		O
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e		<u></u>	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted		
	organizations, in excess of income from activity		2		
3_	Administrative expenses paid to accomplish exempt purp	oses of supported organ	ızations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI		5	
6	Other distributions (describe in Part VI). See instructions			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			淵	
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI) See				
	instructions				
3	Excess distributions carryover, if any, to 2020			鍲	
а	From 2015		ALC: NO. OF THE PERSON NAMED IN COLUMN TO PE		旅台和的政治的政治
b	From 2016				
С	From 2017				
d	From 2018	THE RESIDENCE OF THE RE			
e	From 2019				
f	Total of lines 3a through 3e			\widetilde{r}	
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)		经过程的对象性		
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f			1	
4	Distributions for 2020 from			础,	
	Section D, line 7 \$				
а	Applied to underdistributions of prior years				经验的证据的
b	Applied to 2020 distributable amount			汽車	
C	Remainder Subtract lines 4a and 4b from line 4		最大的ではある。	3.5	
5	Remaining underdistributions for years prior to 2020, if				27.77 20 在17.00
	any Subtract lines 3g and 4a from line 2 For result				
	greater than zero, explain in Part VI. See instructions			1	
6	Remaining underdistributions for 2020 Subtract lines 3h		建设公司	15%	4
_	and 4b from line 1 For result greater than zero, explain in		The state of the s	7	
	Part VI. See instructions.			, i	
7	Excess distributions carry over to 2021. Add lines 3	The second second section where the second section is a second second second second section section second	Min 1992年からます。	-7.	
•	and 4c		THE WAY SHOW		
8	Breakdown of line 7		The state of the s	.,	ان المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم المراجع المراجع
a	Excess from 2016		No. of the state o		S LATER SW
b	Excess from 2017	STATE OF THE PARTY	Control of the contro	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c	Excess from 2018	Sign of the state	William Park	\dashv	15 41 7 5 7 7 7
d_	Excess from 2019	The Property of the Parket	all part of the	\dashv	2 1 52 1 1 4
e	Excess from 2020	Short and half of the state of		寸	
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Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

<u> </u>				-	ATTACHMENT 1	
SCHEDULE A, PART II	I - OTHER INCOM	E				
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
SUBSIDY FROM ENDOWMENT	756,175.	1,247,854.	1,600,000.			3,604,029
TOTALS	756,175.	1,247,854.	1,600,000			3,604,029.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nan	ne of the organization ASSOCIATION OF GRADUAT	ES OF THE UNITED STATES	Employer identification number
AI	R FORCE ACADEMY	_	84-0580665
Р	art I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	-	, , , , , , , , , , , , , , , , , , ,
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		·
	conferring impermissible private benefit?	<u> </u>	Yes No
12	art II Conservation Easements.	IN II F 000 D-+B/ II 7	
-	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i	
	easement on the last day of the tax year		िद्धी Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified		2c
đ	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or tern	ninated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg	· · · · · · · · · · · · · · · · · · ·	- 1 1 1
	violations, and enforcement of the conservation eas	sements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspec-	ecting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing o	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2	• •	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		·
	balance sheet, and include, if applicable, the text of	-	cial statements that describes the
_	organization's accounting for conservation easement		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	SB ASC 958, not to report in its revenu	ue statement and balance sheet works
	service, provide in Part XIII the text of the footnote t	s neid for public exhibition, education, o its financial statements that describes t	these items
b	If the organization elected, as permitted under FA		
_	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	ns	·
	(i) Revenue included on Form 990, Part VIII, line 1.		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of an	t, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	ASB ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u></u>	<u>►</u> \$
C			

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Pa	rt III Organizations Maintain											
3	, , , , , , , , , , , , , , , , , , , ,											
	collection items (check all that app	oly)										
а	Public exhibition		d [Loan	or excha	ange	prograr	n				
b	Scholarly research		e 「	Other								
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
	XIII											
5	During the year, did the organization	on solicit or receive	donations	of art, hist	orical tre	easur	es, or o	other sımı	lar			
	assets to be sold to raise funds rati									Yes		No
Pa	Int IV Escrow and Custodial A	rrangements.										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trus	tee, custodian or	other interr	nediary fo	or contr	ibutio	ns or	other ass	ets not			
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	ollowing tal	ble					_		
			•	Ū	ſ				Amount	•		_
С	Beginning balance				[1c						_
	Additions during the year					1d						_
е	Distributions during the year					1e						
f	Ending balance					1f	-					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow o	or cus	todial a	account lia	ıbılıty?	Yes		No
	If "Yes," explain the arrangement i									_ 		
	rt V Endowment Funds.											
	Complete if the organiza	ation answered "Y	es" on Fo	rm 990, F	Part IV, I	line 1	10.					
		(a) Current year	(b) Prid	or year	(c) Two	years	back	(d) Three y	ears back	(e) Four ye	ars ba	ıck
1a	Beginning of year balance	10,380,223.	20,67	4,890.	18,7	777,	325.	16,11	2,014.	14,23	88,4	29
h	Contributions	70,366.	-10,41	3,513.	1,7	709,	848.	2,07	5,427.	12	26,5	84
c	Net investment earnings, gains,											
·	and losses	1,591,200.	22	0,970.	3	343,	179.	94	9,006.	2,13	86,4	54
đ	Grants or scholarships											
	Other expenditures for facilities			·								
•	and programs	248,565.	10	2,124.	1	L55,	462.	35	9,122.	38	39,4	53
f	Administrative expenses											
	End of year balance	11,793,224.	10,38	0,223.	20,6	74,	890.	18,77	7,325.	16,11	2,0	14
2	Provide the estimated percentage	of the current year	end balanc	e (line 1q.	column	(a)) h	eld as					
а	Board designated or quasi-endown	nent ▶ <u>44.420</u>	0_%									
b	Permanent endowment ▶	%										
C	Term endowment ► 55.5800											
	The percentages on lines 2a, 2b, a	ind 2c should equal	100%									
3 a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	l and	admını	stered for	the	_		
	organization by									Ye	_	10
	(i) Unrelated organizations									3a(i) X		
	(ii) Related organizations									3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the relate					·				3b		_
4	Describe in Part XIII the intended u		ation's endo	wment fur	nds							_
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	i ipment. stion answered "V	es" on Fo	rm 000 F	Part IV	lına '	11a S	ee Form	000 Pa	rt X line	10	
	Description of property		r other basis		or other bas		(c) Accu			Book value		_
			stment)		ther)		depre					
1 a	Land	— —-			20 5	- ,	` <u> </u>			2 2 2 2 2		
b	Buildings			9,9	39,240	U.	6,93	6,944.		3,002	,29	b.
С	Leasehold improvements				26.44	\perp	1 00					
d	Equipment				36,444			6,044.			, 40	
<u>e</u>	Other	<u>l</u>			52,816			2,341.			, 47	
Tota	Add lines 1a through 1e (Column	(d) must equal For	m 990, Part	X, column	(B), line	10c	<i>)</i>	▶		3,993		_
									Schedu	le D (Form	990) 2	020

Page	3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
(1) Financial derivatives		1	
(2) Closely held equity interests			
(3) Other	`		
(A)			
(B)	- 		
(C)			
(D)			
(E)			
(F)			
_ (G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12).	>	To the state of th	是一种的 海绵
Part VIII Investments - Program Related. Complete if the organization answer	ered "Yes" on Form 99	0, Part IV, line 11c. See Form 990, Par	t X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
<u>(1)</u>			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			<u>-</u>
<u>(9)</u>			-1
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	A STATE OF THE STA	Park of the
Part IX Other Assets.	rad "Vas" on Form 000	2 Bort IV line 11d See Form 000 Bor	4 V lina 1E
		0, Part IV, line 11d. See Form 990, Par	
	Description		(b) Book value
(1)			
(2)			
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	<u> </u>	
Part X Other Liabilities.			
Complete if the organization answe line 25	red "Yes" on Form 990), Part IV, line 11e or 11f. See Form 99	0, Part X,
1. (a) Des	cription of liability		b) Book value
(1) Federal income taxes			
(2) AGENCY DEPOSITS			1,339,103.
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			1 222 727
Total (Column (b) must equal Form 990, Part X, col (B) line 2			1,339,103.
2 Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under FAS			
organizations natinty for uncertain tax positions under FAS	AND THE CHECK HELE II	the text of the routhold has been provided in	ισιτΛΙΙ • Δ

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE TEMPORARY RESTRICTED ENDOWMENT EARNINGS OF THE ASSOCIATION OF GRADUATES' ENDOWMENT FUNDS ARE USED TO FUND SPECIFIC PROGRAMS AND PROJECTS OF THE UNITED STATES AIR FORCE ACADEMY, AS SPECIFIED BY THE ORIGINAL DONORS OF THOSE FUNDS, AS WELL AS TO MAINTAIN DOOLITTLE HALL, WHICH IS THE HEADQUARTERS AND OPERATING LOCATION OF THE ORGANIZATION.

SCHEDULE D, PART X, LINE 2

THE ASSOCIATION IS A QUALIFIED ASSOCIATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF \$501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ASSOCIATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION. THE ASSOCIATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

CHANGE IN FAIR VALUE - TRUST INTEREST \$6,505,691

BENEFICIAL INTEREST TRUST INVESTMENT INCOME \$1,355,750

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

2020	Open to Public Inspection
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OMB No 1545-0047

Employer identification number	ASSOCIATION OF GRADUATES OF THE UNITED STATES	Name of the organization
padsul	▶ Go to www.irs.gov/Form990 for the latest information.	Internal Revenue Service
Open to F	► Attach to Form 990.	Department of the Treasury
	Complete it the organization answered tes on form 330, Part IV, line 21 of 22.	

AIR FORCE ACADEMY						84-0580665	
Part 1 General Information on Grants and Assista	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	bstantiate the	e amount of the	grants or assista	nce, the grantees	eligibility for the grants	or assistance, and	
the selection criteria used to award the grants or assist	or assistance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ures for mon	itoring the use c	of grant funds in the	United States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	omestic Org	janizations an	d Domestic Gov	ernments. Com	plete if the organiza	ation answered "Ye	s" on Form 990,
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	at received	more than \$5,	000. Part II can I	oe duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (if applicable) grant cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VACTORISCE TO CHEMITALISM TO DECLINATION OF A PROPERTY OF THE							

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AIR FORCE INSTITUTE OF TECHNOLOGY							
2950 HOBSON WAY WPAFB, OH 45443			19,260.				ENDOWED SCHOLARSHIPS
(2) FALCON FOUNDATION							
3116 ACADEMY DRIVE USAF ACADEMY, CO 80840			40,810.		;		TO PROVIDE PRIVATE F
(3) UNITED STATES AIR FORCE ACADEMY							
2304 CADET DRIVE, STE 3300 USAFA, CO 80840			397,834				TO PROVIDE SUPPORT
(4) AIR FORCE ACADEMY FOUNDATION							
3116 ACADEMY DRIVE USAFA, CO 80840			379, 223				SUPPORT FOUNDATION P
(5)							
(9)							
(7)							
(8)	ı						
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	government	organizations lis	organizations listed in the line 1 table	ble		A	4.
3 Enter total number of other organizations listed in the line 1 table.	ted in the line	1 table				A : : : : : : : : : : : : : : : : : : :	
For Paperwork Reduction Act Notice, see the Instructions for Form	tions for Form 9	.066				Sc	Schedule I (Form 990) 2020

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Schedule I (Form 990) (2020)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
1 GEORGETOWN UNIVERSITY	2	100,944			
2 SCHOLARSHIPS	1	13,263			
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information	information re	quired in Part I,	line 2, Part III, o	olumn (b); and any o	ther additional

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

20**20** Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AIR FORCE ACADEMY

ASSOCIATION OF GRADUATES OF THE UNITED STATES

Employer identification number

84-0580665

Part | Questions Regarding Compensation Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Х Receive a severance payment or change-of-control payment?...... Х 4b X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a Х X 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X X 6b بارة ه ب If "Yes" on line 6a or 6b, describe in Part III 1.

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

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

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020

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

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

Note The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	1	(B) Breakdown of W-2	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)4D)	in column (B) reported as deferred on prior Form 990
MARCOLONGO, MARTIN	Ξ	237,894.	86,000.	0.	12, 321.	16,366.	352, 581.	
1PRESIDENT & COO	ε	0	0	0				
GOULD, MIKE	ε	173,077.	0	0.	6,779.	312.	180,168.	
2CEO	(E)	0.	0.	0				
	ε							
n	€							
	Ξ							
4	Ξ							
	Ξ							
5	(B)							
	Θ							
9	3							
	Θ							
7	Ξ							
	Ξ							
8	Ξ							
	Ξ							
o	Ξ							
	ε							
10	Ξ							
	ε							
11	Ξ							
	ε							
12	Ξ							
	ε							
13	€							
	€							
14	Ξ							
	€							
15	Ξ							
	Ξ							
16	Ξ							

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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PAGE 35

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ASSOCIATION OF GRADUATES OF THE UNITED STATES

Employer identification number 84-0580665

OMB No 1545-0047

AIR FORCE ACADEMY

FORM 990, PART III, LINE 3 CONTINUED

I. WORKING IN PARTNERSHIP WITH THE ACADEMY TO PRODUCE AND FOSTER
GRADUATES WITH AN ENDURING COMMITMENT TO INTEGRITY, EXCELLENCE, AND
SERVICE TO COUNTRY. II. PROVIDING LEADERSHIP, COMMUNICATION, AND SUPPORT
TO ALL THE ACADEMY'S GRADUATES, AND PROMOTING CAMARADERIE AMONG THEM.

III. PROMOTING THE ACADEMY'S HERITAGE, OUR COMMON TRADITIONS, AND THE
ACCOMPLISHMENTS OF OUR GRADUATES TO WORK IN SUPPORT OF THE AIR FORCE, THE
ACADEMY AND THE GRADUATES TO RAISE PRIVATE FUNDS TO SUPPORT AND DEVELOP
ACADEMY, CADET AND GRADUATE PROGRAMS THAT WOULD OTHERWISE NOT BE FUNDED.

FORM 990, PART III, LINE 4D

HOMECOMING AND REUNIONS - FUNDS UTILIZED TO PROVIDE EVENTS AND ACTIVITIES FOR U.S. AIR FORCE ACADEMY HOMECOMING AND CLASS REUNIONS.

FORM 990, PART VI, SECTION A, LINE 4

THE BYLAWS WERE UPDATED TO REFLECT THE CHANGE OF DEFINITION ON FULL-TIME FROM THE DESCRIPTION OF THE CEO POSITION, AS THERE WAS AN AGREEMENT SIGNED TO CREATE A SINGLE CEO POSITION IN FY 2020 THAT WILL OVERSEE BOTH THE AOG AND THE ENDOWMENT.

FORM 990, PART VI, SECTION A, LINE 7A

ELECTIONS ARE HELD BIENNIALLY AND APPROXIMATELY HALF OF THE ELECTED

DIRECTORS ARE ELECTED TO 4-YEAR TERMS. CANDIDATES ARE PLACED ON THE

BALLOT BY THE NOMINATING COMMITTEE OR BY PETITION OF 25 MEMBERS. ALL

Employer identification number 84-0580665

GRADUATE MEMBERS ARE NOTIFIED BY MAIL, EMAIL AND OTHER MEANS OF HOW THEY
MAY BECOME A CANDIDATE. ALL MEMBERS WHO ARE ELIGIBLE TO VOTE RECEIVE
NOTICE OF HOW TO CAST THEIR BALLOT. CANDIDATES RECEIVING THE MOST VOTES
ARE ELECTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 WILL BE SUBMITTED TO THE AUDIT COMMITTEE, THEN EACH MEMBER

OF THE BOARD OF DIRECTORS PHYSICALLY OR BY ELECTRONIC TRANSMISSION PRIOR

TO ITS FILING DUE DATE.

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY IS REVIEWED, UPDATED IF NECESSARY, AND

PRESENTED TO THE BOARD EACH AUGUST. ALL DIRECTORS MUST REVIEW AND SIGN

THE STATEMENT DECLARING THAT THERE ARE NO CONFLICTS OF INTEREST, OR THEY

MUST REPORT WHEN THEY HAVE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A

THE COMPENSATION FOR THE CEO IS DETERMINED BY A COMPENSATION COMMITTEE OF

THE BOARD OF DIRECTORS FROM COMPARATIVE DATA FOR OTHER ASSOCIATION

EXECUTIVES; THE CEO APPROVES THE COMPENSATION OF OTHER OFFICERS AND

EMPLOYEES OF THE ORGANIZATION, AS RECOMMENDED BY THE SENIOR STAFF IN

BUDGET PREPARATIONS.

FORM 990, PART VI, SECTION C, LINE 19

THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE AFTER FILING; THE

FORM 1023 WAS FILED PRIOR TO 1985 AND IS NOT AVAILABLE FOR PUBLIC

INSPECTION; THE FORM 990-T AND FORM 990 PUBLIC INSPECTION COPIES ARE

AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADDRESS.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS.

FORM 990, PART XI, LINE 9

CHANGE IN FAIR VALUE - TRUST INTEREST \$6,505,691

BENEFICIAL INTEREST TRUST INVESTMENT INCOME \$1,355,750

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES GRANTS DESCRIPTION EXPENSES REVENUE SPECIAL EVENTS AND CHAPTER SUPPORT 334,015. 71,400. SPECIAL FUNCTIONS

TOTALS

ATTACHMENT 1

405,415.