

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

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

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.

Department of the Treasury Internal Revenue

For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization AIR & SPACE FORCES ASSOCIATION, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) 1201 S JOYCE STREET C6 SECOND FLR, Room/suite, City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 222022067

D Employer identification number 52-6043929, E Telephone number (703) 247-5800, G Gross receipts \$ 57,287,895

F Name and address of principal officer: BURTON M FIELD, 1201 S JOYCE STREET C6 SECOND FLR, ARLINGTON, VA 222022067

H(a) Is this a group return for subordinates? No, H(b) Are all subordinates included? No, H(c) Group exemption number 5392

I Tax-exempt status: 501(c)(3)

J Website: WWW.AFA.ORG

K Form of organization: Corporation

L Year of formation: 1956, M State of legal domicile: DC

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains rows for various financial and organizational metrics with columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here	Signature of officer BURTON M FIELD PRESIDENT & CEO		Date 2025-07-29		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2025-07-21	Check <input type="checkbox"/> if self-employed	PTIN P01345960
	Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN 41-0746749	
	Firm's address 950 N GLEBE ROAD SUITE 1200 ARLINGTON, VA 22203			Phone no. (571) 227-9500	

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE AIR & SPACE FORCES ASSOCIATION (AFA) IS A NONPROFIT, INDEPENDENT, PROFESSIONAL MILITARY, AND AEROSPACE EDUCATION ASSOCIATION. THE ASSOCIATION'S MISSION IS TO PROMOTE DOMINANT U.S. AIR AND SPACE FORCES AS THE FOUNDATION OF A STRONG NATIONAL DEFENSE; TO HONOR AND SUPPORT OUR AIRMEN, GUARDIANS, AND THEIR FAMILIES; AND TO REMEMBER AND RESPECT OUR ENDURING HERITAGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,149,129 including grants of \$) (Revenue \$ 15,280,120)

CONFERENCE, SYMPOSIUM, EVENT:AFA HOSTS MAJOR NATIONAL EVENTS TO FACILITATE ETHICAL DIALOG AMONG SENIOR GOVERNMENT AND MILITARY OFFICIALS, AEROSPACE AND OTHER INDUSTRY LEADERS, AIRMEN, GUARDIANS, MEDIA REPRESENTATIVES, EDUCATORS, AND INTERESTED MEMBERS OF THE PUBLIC AND TO PROMOTE INNOVATION, EDUCATION, AND PROFESSIONAL DEVELOPMENT. AFA'S AIR, SPACE & CYBER CONFERENCE IS OUR LARGEST ANNUAL EVENT WITH OVER 22,000 REGISTRANTS IN 2024.

4b (Code:) (Expenses \$ 4,195,767 including grants of \$) (Revenue \$)

THE MITCHELL INSTITUTE FOR AEROSPACE STUDIES:THE MITCHELL INSTITUTE FOR AEROSPACE STUDIES HARNESSSES SEASONED TALENT TO POSITIVELY INFLUENCE THE NATIONAL SECURITY DEBATE BY COGENTLY ARTICULATING HOW THE DOMAINS OF AIR, SPACE, AND CYBER CAN PRUDENTLY ADVANCE THE NATION'S INTERESTS WITHOUT PROJECTING UNDUE LIABILITY AND VULNERABILITY. PRODUCTS INCLUDE SCHOLARLY REPORTS, BRIEFINGS AND VARIOUS OP-EDS TO HELP DEFENSE POLICY PRACTITIONERS, POLICY EXPERTS, AIRPOWER ENTHUSIASTS AND THE GENERAL PUBLIC BETTER UNDERSTAND SPECIFIC TOPICS OF INTEREST.RESTRICTED MITCHELL INSTITUTE CONTRIBUTIONS TOTALED \$4,624,198. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS,

4c (Code:) (Expenses \$ 2,784,620 including grants of \$) (Revenue \$ 583,902)

AIR & SPACE FORCES MAGAZINE:AFA'S AIR & SPACE FORCES MAGAZINE, ALONG WITH ITS DAILY REPORT E-MAIL NEWSLETTER, FOCUSES ON NEWS ABOUT AIR FORCE AND SPACE FORCE PEOPLE, MISSIONS, POLICY, TECHNOLOGY, AND DEVELOPMENTS, AND ALSO HIGHLIGHTS INSIGHTS ABOUT THE HISTORY AND HERITAGE OF AIR AND SPACE POWER IN THE UNITED STATES. THE ANNUAL AIR FORCE & SPACE FORCE ALMANAC IS A COMPREHENSIVE COMPENDIUM OF AIR & SPACE FORCE FACTS AND FIGURES, FROM PERSONNEL INFORMATION TO HISTORICAL BUDGET AND SPENDING DATA. IT FEATURES DETAILS ON EVERY AIR FORCE AND SPACE FORCE INSTALLATION AND PROFILES OF MAJOR AIRCRAFT, SPACECRAFT, AND WEAPON SYSTEMS.

(Code:) (Expenses \$ 828,555 including grants of \$ 29,250) (Revenue \$)

STELLARXPLORES:STELLARXPLORES INSPIRES OVER 2,000 HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS EACH YEAR TOWARD CAREERS IN SPACE AND OTHER SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS DISCIPLINES CRITICAL TO OUR NATION'S FUTURE. THE CORE OF THE PROGRAM IS A NATIONAL SPACE DESIGN COMPETITION WHICH PROVIDES SPECIFIC TRAINING IN THE USE OF INDUSTRY-STANDARD SYSTEM SIMULATION SOFTWARE, SYSTEMS TOOL KIT, AS WELL AS AN INTERACTIVE ONLINE COURSE AS A CURRICULUM SUPPLEMENT AND STUDY RESOURCE FOR ONLINE QUIZZES GIVEN DURING THE COMPETITION. OTHER ELEMENTS INCLUDE SUMMER CAMPS AS WELL AS AN ONLINE ALUMNI GROUP CONNECTING PARTICIPANTS WITH OPPORTUNITIES IN THE SPACE INDUSTRY.RESTRICTED STELLARXPLORES CONTRIBUTIONS TOTALED \$185,750. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS.

(Code:) (Expenses \$ 290,070 including grants of \$ 273,186) (Revenue \$)

AFA SUPPORT PROGRAMS:AS A KEY LINE OF EFFORT IN ADVANCING ITS MISSION TO SUPPORT AND ADVOCATE FOR AIRMEN, GUARDIANS, AND THEIR FAMILIES, AFA PROVIDES VITAL PROGRAMS THAT STRENGTHEN QUALITY OF LIFE AND RESILIENCE ACROSS THE TOTAL FORCE COMMUNITY. THROUGH INITIATIVES LIKE THE WOUNDED AIRMEN AND GUARDIANS PROGRAM AND THE UNITED FORCES &FAMILIES (F2) PROGRAM, AFA DELIVERS FINANCIAL GRANTS, FAMILY READINESS RESOURCES, LODGING ASSISTANCE FOR CAREGIVERS DURING MEDICAL TREATMENTS, AND OPPORTUNITIES TO PARTICIPATE IN ADAPTIVE SPORTING AND RESILIENCY EVENTS. THE F2 PROGRAM SPECIFICALLY ADVOCATES FOR ENHANCED QUALITY OF LIFE FOR AIRMEN, GUARDIANS, AND THEIR FAMILIES THROUGH TARGETED EVENTS, DIRECT SUPPORT INITIATIVES, AND THE ENGAGE PUBLICATION SERIES, WHICH ADDRESSES TIMELY ISSUES IMPACTING MILITARY FAMILIES. TOGETHER, THESE PROGRAMS REFLECT AFA'S ENDURING COMMITMENT TO THE WELL-BEING OF THOSE WHO SERVE AND THEIR LOVED ONES.RESTRICTED AFA

SUPPORT PROGRAMS CONTRIBUTIONS TOTALED \$84,751. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III, REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS.

(Code:) (Expenses \$ 1,318,083 including grants of \$) (Revenue \$ 1,680,679)

MEMBERSHIP: MEMBERSHIP DUES PLAY A CRITICAL ROLE IN ADVANCING THE AIR & SPACE FORCES ASSOCIATION'S MISSION TO SUPPORT AND ADVOCATE FOR AIRMEN, GUARDIANS, AND THEIR FAMILIES. THESE FUNDS HELP SUSTAIN KEY PROGRAMS, INCLUDING AIR & SPACE FORCES MAGAZINE, THE WOUNDED AIRMEN AND GUARDIANS PROGRAM, AND THE ADVOCATES TO INSPIRE MILITARY SERVICE (AIMS) INITIATIVE. IN RETURN, MEMBERS RECEIVE VALUABLE BENEFITS SUCH AS A MONTHLY MAGAZINE SUBSCRIPTION, EXCLUSIVE PRODUCT DISCOUNTS, AND REDUCED REGISTRATION RATES FOR AFA'S TWO SIGNATURE ANNUAL EVENTS. THE ORGANIZATION OPERATES UNDER THE LEADERSHIP OF DEDICATED VOLUNTEER LEADERS AT THE NATIONAL, STATE, AND LOCAL LEVELS, WITH THESE FIELD LEADERS FORMING THE ASSOCIATION'S GOVERNING BODY.

(Code:) (Expenses \$ 532,469 including grants of \$ 31,000) (Revenue \$)

AEROSPACE EDUCATION AND PUBLIC AWARENESS AS PART OF ITS MISSION TO ADVOCATE FOR AEROSPACE EXCELLENCE AND INSPIRE THE NEXT GENERATION OF AIRMEN, GUARDIANS, AND AIRPOWER LEADERS, AFA INVESTS IN EDUCATION AND PUBLIC AWARENESS INITIATIVES THAT ADVANCE UNDERSTANDING OF THE CRITICAL ROLE OF AIR AND SPACE POWER. THROUGH SCHOLARSHIPS, EDUCATOR GRANTS, AWARDS, AND OUTREACH PROGRAMS, AFA FOSTERS STEM EDUCATION AND LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR STUDENTS, EDUCATORS, AND ASPIRING AEROSPACE PROFESSIONALS. STRATEGIC PARTNERSHIPS WITH ORGANIZATIONS SUCH AS CIVIL AIR PATROL AND ARNOLD AIR SOCIETY/SILVER WINGS EXPAND AFA'S REACH, INSPIRING YOUTH AND YOUNG ADULTS TO EXPLORE CAREERS IN AEROSPACE AND NATIONAL SECURITY WHILE PROMOTING PUBLIC APPRECIATION FOR THE AIR & SPACE FORCES.

(Code:) (Expenses \$ 599,169 including grants of \$) (Revenue \$ 330,204)

DOOLITTLE LEADERSHIP CENTER: IN 2024, THE DOOLITTLE LEADERSHIP CENTER (DLC) COMPLETED 52 WORKSHOPS OVER 3 CONTINENTS, RESULTING IN A 46% INCREASE IN PARTICIPANTS' SELF-RATED LEADERSHIP ABILITY. OVER 98% SAID THE WORKSHOP WAS EXTREMELY HELPFUL OR HELPFUL TO THEIR OWN PRACTICAL LEADERSHIP. THROUGH THESE WORKSHOPS, OVER 1100 AIRMEN, GUARDIANS, AND CIVILIANS WERE TRAINED IN THE LEAD DEVELOP CARE LEADERSHIP FRAMEWORK. IN ADDITION, THE DLC REINAUGURATED THE DOOLITTLE RAIDERS MEMORIAL TOAST, A HIGH-PROFILE LIVESTREAMED EVENT THAT REACHED OVER 80 UNITS AND ORGANIZATIONS AND OVER 900 LIVESTREAM VIEWERS WHILE HOSTING AN IN-PERSON AUDIENCE OF DISTINGUISHED GUESTS FOR A TRADITIONAL CEREMONY. IN ADDITION, THROUGH SPECIAL PROGRAMS, THE DLC CONNECTED OVER 400 CADETS WITH TOP-LEVEL AIR FORCE AND SPACE FORCE LEADERSHIP IN LIVE Q&A SESSIONS AT MAJOR AFA CONFERENCES. THE LONG-TERM GOAL OF THE DLC IS TO REACH THE ENTIRE AIR FORCE AND SPACE FORCE WITH THE LEAD DEVELOP CARE MODEL. RESTRICTED DOOLITTLE CONTRIBUTIONS TOTALED \$218,310. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS.

(Code:) (Expenses \$ 2,553,904 including grants of \$ 47,053) (Revenue \$ 550,766)

CYBERPATRIOT: CYBERPATRIOT IS THE AFA'S NATIONAL YOUTH CYBER EDUCATION PROGRAM CREATED TO ADDRESS A VITAL NATIONAL NEED BY DRAWING STUDENTS TO EDUCATION AND CAREERS IN STEM. THE CORE ELEMENT OF THE PROGRAM IS THE NATIONAL YOUTH CYBER DEFENSE COMPETITION WHICH PUTS OVER 20,000 MIDDLE AND HIGH SCHOOL STUDENTS IN CHARGE OF SECURING VIRTUAL NETWORKS. OTHER PROGRAM ELEMENTS ARE AFA CYBER CAMPS, THE ELEMENTARY SCHOOL CYBER EDUCATION INITIATIVE, A CHILDREN'S LITERATURE SERIES AND CYBERGENERATIONS, THE SENIOR CITIZENS' CYBER SAFETY INITIATIVE. RESTRICTED CYBERPATRIOT CONTRIBUTIONS TOTALED \$925,500. THESE CONTRIBUTIONS ARE EXCLUDED FROM PART III REVENUE, BUT WERE USED TO EXECUTE PROGRAM OPERATIONS

(Code:) (Expenses \$ 2,584,664 including grants of \$) (Revenue \$ 724,879)

OTHER PROGRAMS: OTHER PROGRAM SERVICES INCLUDE THE LEGISLATIVE AFFAIRS, COMMUNICATIONS, AFFINITY PROGRAMS, DEVELOPMENT OPERATIONS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,706,914 including grants of \$ 380,489) (Revenue \$ 3,286,528)

4e Total program service expenses 21,836,430

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Contains 9 rows of questions regarding organizational requirements and reporting.

10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		No
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a		No
b	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	Yes	

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Part 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	Yes	
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? <i>If "Yes," complete Schedule J.</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		No
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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		No

member of any of these persons: If "Yes," complete Schedule L, Part III		
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	No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	No
28b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	No
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	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes
35b	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	
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	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		136
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	105		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services?	7a			No

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	19	
b Enter the number of voting members included in line 1a, above, who are independent	1b	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		No
	<i>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</i>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV, TX, WA, CO, ME, ND, NV, OH
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
JOSEPH STANGL CFO 1201 S JOYCE STREET C6 SECOND FLR ARLINGTON, VA 222022067 (703) 247-5825

Form 990 (2024)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 - List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from

the organization and any related organizations.

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID DEPTULA DEAN, MITCHELL INSTITUTE	39.75 0.25				X			499,284	0	33,095
(2) DOUGLAS RAABERG EXECUTIVE VICE PRESIDENT	39.75 0.25			X				369,747	0	34,995
(3) BURTON M FIELD PRESIDENT & CEO AS OF 04/2024	39.75 0.25			X				323,215	0	25,158
(4) JOSEPH STANGL CHIEF FINANCIAL OFFICER	39.75 0.25			X				264,530	0	41,207
(5) DOUG BIRKEY EXEC DIR., MITCHELL INSTITUTE	39.75 0.25					X		248,457	0	32,183
(6) WILLIAM CASTLE VP, LEGISLATIVE AFFAIRS	39.75 0.25					X		248,142	0	25,024
(7) ROBERT CLAPPER CHIEF DEVELOPMENT OFFICER	39.75 0.25				X			237,402	0	31,714
(8) HEATHER PENNEY SENIOR RESIDENT FELLOW	39.75 0.25					X		229,124	0	34,757
(9) TOBIAS NAEGELE EDITOR IN CHIEF/VP STRATEGIC COMM	39.75 0.25				X			227,232	0	43,928
(10) AMANDA GRANDEL VICE PRESIDENT STRATEGIC EVENTS	39.75 0.25					X		219,721	0	21,969
(11) CHARLES GALBREATH SR. FELLOW SPACE STUDIES, MITCHELL INSTITUTE	39.75 0.25					X		210,969	0	21,629
(12) BRUCE A WRIGHT PRESIDENT & CEO UNTIL 03/2024	39.75 0.25			X				88,285	0	8,408
(13) BERNIE SKOCH CHAIRMAN OF THE BOARD	27.75 0.25	X		X				0	0	0
(14) CHRIS CANADA VICE CHAIRMAN OF THE BOARD	22.75 0.25	X		X				0	0	0
(15) STEPHEN GOURLEY VC OF THE BOARD UNTIL 09/2024	17.75 0.25	X		X				0	0	0
(16) GARY COPSEY VICE CHAIRMAN OF THE BOARD	22.75 0.25	X		X				0	0	0
(17) MICHAEL LIQUORI SECRETARY UNTIL 09/2024	12.75 0.25	X		X				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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL HENDRICKS SECRETARY AS OF 10/2024	3.75 0.25	X		X				0	0	0
(19) CHUCK MARTIN TREASURER	10.75 0.25	X		X				0	0	0
(20) JACKIE TROTTER NATIONAL DIR. AT LARGE UNTIL 09/2024	3.75 0.25	X						0	0	0
(21) DOUG SLOCUM NATIONAL DIRECTOR AT LARGE	3.75 0.25	X						0	0	0
(22) TODD FREECE NATIONAL DIRECTOR AT LARGE	3.75 0.25	X						0	0	0
(23) MARK L TARPLEY NATIONAL DIR. AT LARGE UNTIL 09/2024	3.75 0.25	X						0	0	0
(24) DAN OHNESORGE NATIONAL DIRECTOR AT LARGE	3.75 0.25	X						0	0	0
(25) GABBE KEARNEY NATIONAL DIRECTOR AT LARGE	3.75 0.25	X						0	0	0
(26) PAUL HENDRICKS NATIONAL DIR. AT LARGE UNTIL 09/2024	3.75 0.25	X						0	0	0
(27) ROBIN RAND NATIONAL DIRECTOR AT LARGE	3.75 0.25	X						0	0	0
(28) BILL HARDING NATIONAL DIRECTOR AT LARGE	3.75 0.25	X						0	0	0
(29) JANELLE STAFFORD NATIONAL DIRECTOR CENTRAL	3.75 0.25	X						0	0	0
(30) BOBI OATES NATIONAL DIRECTOR WEST AREA	3.75 0.25	X						0	0	0
(31) THOMAS DEALE NATIONAL DIRECTOR APPOINTED	3.75 0.25	X						0	0	0
(32) KATHLEEN FERGUSON NATIONAL DIRECTOR APPOINTED	3.75 0.25	X						0	0	0
(33) DESRAINN STEVENS-BOUDI NATIONAL DIRECTOR APPOINTED	3.75 0.25	X						0	0	0
(34) DAVID GOLDFEIN ARMED FORCE DIRECTOR	3.75 0.25	X						0	0	0
(35) JOANNE BASS ARMED FORCE DIRECTOR AS OF 09/2024	3.75 0.25	X						0	0	0
(36) ROGER TOWBERMAN ARMED FORCE DIRECTOR AS OF 09/2024	3.75 0.25	X						0	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								3,166,108	0	354,067

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

or reportable compensation from the organization 32

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NATIONAL TRADE PRODUCTIONS INC 313 SOUTH PATRICK ST ALEXANDRIA, VA 22314	EXHIBIT BOOTH SALES	675,944
PRODUCTION SOLUTIONS INC 1953 GALLOWS RD SUITE 500 VIENNA, VA 22182	DIRECT MAIL SERVICES	453,276
GETTINGS PRODUCTIONS INC 275 NORTH LAKE SHORE DRIVE VIENNA, VA 14761	EXPOSITION SERVICES	284,108
CENTER FOR INFRASTRUCTURE ASSURANCE AND ONE UTSA CIRCLE SAN ANTONIO, TX 78249	CYBERCAMP SOFTWARE CONSULTING SERVICES	276,310
GALEFORCE PATHWAYS 2316 N WAHSATCH AVENUE 225 COLORADO SPRINGS, CO 80907	CONSULTING SERVICES	253,277

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17

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Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Moderated campaigns 122,065				
1b Membership dues 207,225				
1c Fundraising events				
1d Related organizations				
1e Government grants (contributions) 375,197				
1f All other contributions, gifts, grants, and similar amounts not included above 7,178,432				
1g Noncash contributions included in lines 1a - 1f:\$ 19,456				
1h Total. Add lines 1a-1f	7,882,919			

2a	Business Code	Total Revenue	Related or Exempt Function Revenue	Unrelated Business Revenue	Revenue Excluded from Tax
EVENT REVENUE	900099	15,280,120	15,280,120		

		Program Service Revenue		Other Revenue	
		(i) Real	(ii) Personal	(i) Securities	(ii) Other
Program Service Revenue	g DUES & SUBSCRIPTIONS	900099	1,680,679	1,680,679	
	h ADVERTISING - DIGITAL	900099	724,879		724,879
	i PUBLICATIONS ADS	900099	583,902	1,550	582,352
	j CYBERPATRIOT REGS.	541800	550,766	550,766	
	k All other program service revenue.		330,204	330,204	
	l Total. Add lines 2a-2f.		19,150,550		
3 Investment income (including dividends, interest, and other similar amounts)		1,354,666			1,354,666
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		620,988			620,988
6a Gross rents	6a				
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
7a Gross amount from sales of assets other than inventory	7a		28,089,436		
	b Less: cost or other basis and sales expenses	7b	25,715,510		
	c Gain or (loss)	7c	2,373,926		
	d Net gain or (loss)		2,373,926		2,373,926
a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a		189,336		
	b Less: cost of goods sold	10b	78,573		
	c Net income or (loss) from sales of inventory		110,763		110,763
11a	Business Code				
	b				
Other Revenue Misc Amt	d All other revenue				
	e Total. Add lines 11a-11d				
12 Total revenue. See instructions		31,493,812	17,843,319	1,417,994	4,349,580

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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).

Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Advertising, and Total functional expenses.

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,418,700	1	3,534,023
	2 Savings and temporary cash investments	6,677,231	2	7,528,457
	3 Pledges and grants receivable, net	11,015	3	1,015
	4 Accounts receivable, net	806,221	4	567,037
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	215,620	8	236,331
	9 Prepaid expenses and deferred charges	738,754	9	657,089
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,004,612		
	b Less: accumulated depreciation	10b 2,013,312	713,959	10c 7,991,300
	11 Investments—publicly traded securities	47,063,545	11	47,121,484
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	905,692	15	10,453,978
16 Total assets. Add lines 1 through 15 (must equal line 33)	60,550,737	16	78,090,714	
Liabilities	17 Accounts payable and accrued expenses	3,074,079	17	2,300,146
	18 Grants payable		18	
	19 Deferred revenue	8,964,666	19	9,376,445
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	568,924	24	200,125
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	2,434,483	25	15,442,978	
26 Total liabilities. Add lines 17 through 25	15,042,152	26	27,319,694	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	41,938,707	27	47,469,562
	28 Net assets with donor restrictions	3,569,878	28	3,301,458
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	45,508,585	32	50,771,020	
33 Total liabilities and net assets/fund balances	60,550,737	33	78,090,714	

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,493,812
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,603,634
3	Revenue less expenses. Subtract line 2 from line 1	3	3,890,178
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,508,585
5	Net unrealized gains (losses) on investments	5	1,355,007
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	17,250
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,771,020

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization AIR & SPACE FORCES ASSOCIATION

Employer identification number 52-6043929

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
10 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2024

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	8,198,714	9,652,582	8,605,776	23,952,968	7,882,919	58,292,959
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,663,022	9,771,905	11,465,866	13,650,137	19,150,550	59,701,480
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the						

organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	13,861,736	19,424,487	20,071,642	37,603,105	27,033,469	117,994,439
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	26,914	23,797	21,948	24,756	24,969	122,384
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	589,208	307,766	870,398	139,295	1,214,050	3,120,717
c Add lines 7a and 7b.	616,122	331,563	892,346	164,051	1,239,019	3,243,101
8 Public support. (Subtract line 7c from line 6.)						114,751,338

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.	13,861,736	19,424,487	20,071,642	37,603,105	27,033,469	117,994,439
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,437,568	1,281,549	1,333,452	1,850,329	1,975,654	7,878,552
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,437,568	1,281,549	1,333,452	1,850,329	1,975,654	7,878,552
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					110,763	110,763
12 Total support. (Add lines 9, 10c, 11, and 12.)	1,346,526	1,832	1,364	2,571		1,352,293
13 Total support. (Add lines 9, 10c, 11, and 12.)	16,645,830	20,707,868	21,406,458	39,456,005	29,119,886	127,336,047
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	90.120 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	90.470 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	6.190 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	6.490 %

- 19a 33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests-2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2024

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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 by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 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," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		

		--	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4a			
b	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 discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b			
c	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 used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c			
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 EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (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).		
5a			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .		
7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
8			
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 organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9a			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9b			
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
9c			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10a			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
10b			

Schedule A (Form 990) 2024

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a			
b	A family member of a person described on 11a above?		
11b			
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		
11c			

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2			

Section C. Type II Supporting Organizations

Yes No

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
a The organization satisfied the Activities Test. Complete line 2 below.
b The organization is the parent of each of its supported organizations. Complete line 3 below.
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer lines 3a and 3b below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	

e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	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 the organization is responsive (provide details in Part VI). See instructions	8		
9	Distributable amount for 2024 from Section C, line 6	9		
10	Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024:			
a	From 2019.			
b	From 2020.			
c	From 2021.			
d	From 2022.			
e	From 2023.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7:			
	\$			

a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Schedule A (Form 990) (2024)

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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).

Facts And Circumstances Test	

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2020 AMOUNT: \$ 3,609. 2021 AMOUNT: \$ 1,832. 2022 AMOUNT: \$ 1,364. 2023 AMOUNT: \$ 2,571. 2024 AMOUNT: \$ 0. PPP LOAN FORGIVENESS - 2020 AMOUNT: \$ 1,342,917.

Schedule A (Form 990) 2024

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule B (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization AIR & SPACE FORCES ASSOCIATION

Employer identification number 52-6043929

Organization type (check one):

- Filers of: Form 990 or 990-EZ Section: 501(c)() (enter number) organization, 4947(a)(1) nonexempt charitable trust not treated as a private foundation, 527 political organization, Form 990-PF 501(c)(3) exempt private foundation, 4947(a)(1) nonexempt charitable trust treated as a private foundation, 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test... For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990) (Rev. 1-2025)

Name of organization AIR & SPACE FORCES ASSOCIATION

Employer identification number 52-6043929

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a 'RESTRICTED' label and a 'Person' checkbox.

		\$ RESTRICTED	<input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

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Name of organization AIR & SPACE FORCES ASSOCIATION	Employer identification number 52-6043929
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		\$	
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

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Name of organization AIR & SPACE FORCES ASSOCIATION	Employer identification number 52-6043929
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Additional Data

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Software ID:
Software Version:

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of the organization (AIR & SPACE FORCES ASSOCIATION) and Employer identification number (52-6043929)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions
3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Cat. No. 50084S

Schedule C (Form 990) 2024

Section 501(c)(3)

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	454,846													
c	Total lobbying expenditures (add lines 1a and 1b)	454,846													
d	Other exempt purpose expenditures	27,138,433													
e	Total exempt purpose expenditures (add lines 1c and 1d)	27,593,279													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	141,000	331,788	407,080	454,846	1,334,714
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications or published or broadcast statements?			

f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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Schedule C (Form 990) 2024

Additional Data

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Software ID:
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (AIR & SPACE FORCES ASSOCIATION) and Employer identification number (52-6043929)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1a-2b regarding art and historical treasures.

Schedule D (Form 990) (Rev. 1-2025)

Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

Table with 2 columns: Label (1c-1f) and Amount

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: Label (1a-1g), (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
b Permanent endowment 50.494 %
c Term endowment 49.507 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No and rows 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value

Schedule D (Form 990) (Rev. 1-2025)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	97,615
(2) RIGHT-OF-USE ASSET	10,283,464
(3) ACCRUED PENSION	72,899
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	10,453,978

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

LEASE LIABILITY

15,442,978

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

15,442,978

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



Schedule D (Form 990) (Rev. 1-2025)

Schedule D (Form 990) (Rev. 1-2025)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 31,493,812.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 27,603,634.

Part XIII Supplemental Information

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

Table with 2 columns: Return Reference and Explanation. Includes entries for PART V, LINE 4 and PART X, LINE 2.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN PENSION 17,250.
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Schedule D (Form 990) (Rev. 1-2025)

Additional Data

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Software ID:
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SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization AIR & SPACE FORCES ASSOCIATION

Employer identification number 52-6043929

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for DTR COMMUNICATIONS LLC, K2D STRATEGIES, and LYNCH PINNACLE GROUP LLC.

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

AL, AK, CA, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, VA, WV, WI, CT, NV, OH, OK, WA

Schedule G (Form 990) (Rev. 1-2025)

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Table with 5 columns: Revenue, Direct Expenses, (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Gross receipts, Less: Contributions, Gross income, Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, and summary rows for Direct expense and Net income.

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

Table with 5 columns: Revenue, Direct Expenses, (a) Bingo, (b) Pull tabs/Instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Gross revenue, Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, and Net gaming income summary.

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ -----

Address ▶ -----

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	AIR & SPACE FORCES ASSOCIATION (AFA) PAID PROFESSIONAL FUNDRAISERS FOR PROFESSIONAL FUNDRAISING SERVICES AND ADMINISTRATIVE FEES.
SCHEDULE G PART I LINE 2B	AMOUNTS PAID TO FUNDRAISER LISTED FOR PROFESSIONAL FUNDRAISING INCLUDES ALL AMOUNTS PAID TO THE FUNDRAISER. CONVERSLY, THE AMOUNTS ARE BROKEN OUT INTO THEIR NATURAL CLASSIFICATION IN THE 990 PART IX. THEREFORE, THE AMOUNTS REPORTED IN SCHEDULE G PART I LINE 2B WILL NOT DIRECTLY AGREE TO THE AMOUNT ON 990 PART IX LINE 11E WHICH INCLUDES ONLY THE PROFESSIONAL SERVICES AND EXCLUDES PRINTING AND ANCILLARY COSTS REPORTED IN THEIR RELEVANT NATURAL CLASSIFICATION ON 990 PART IX.

Additional Data

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization AIR & SPACE FORCES ASSOCIATION

Employer identification number 52-6043929

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) Rev. 1-2025

Schedule I (Form 990) Rev. 1-2025 Page 2

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.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: RECIPIENTS ARE AWARDED GRANTS BASED ON A COMPETITIVE APPLICATION PROCESS.

Schedule I (Form 990) Rev. 1-2025

Additional Data

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Software ID:
Software Version:

Schedule J (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Table with 2 columns: Name of the organization (AIR & SPACE FORCES ASSOCIATION) and Employer identification number (52-6043929)

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) containing checkboxes and text boxes for reporting compensation details. Includes questions about travel, housing, and other benefits.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on Form 990. Rows include David Deptula, Douglas Raaberg, Burton M Field, and Joseph Stangl.

5 DOUG BIRKEY
EXEC DIR., MITCHELL INSTITUTE

(i)	244,457	4,000	0	22,168	10,015	280,640	0
(ii)	0	0	0	0	0	0	0

6 WILLIAM CASTLE
VP, LEGISLATIVE AFFAIRS

(i)	244,442	3,700	0	22,135	2,889	273,166	0
(ii)	0	0	0	0	0	0	0

7 ROBERT CLAPPER
CHIEF DEVELOPMENT OFFICER

(i)	233,456	3,946	0	21,188	10,526	269,116	0
(ii)	0	0	0	0	0	0	0

8 HEATHER PENNEY
SENIOR RESIDENT FELLOW

(i)	225,624	3,500	0	20,670	14,087	263,881	0
(ii)	0	0	0	0	0	0	0

9 TOBIAS NAEGELE
EDITOR IN CHIEF/VP STRATEGIC COMM

(i)	223,216	4,016	0	21,676	22,252	271,160	0
(ii)	0	0	0	0	0	0	0

10 AMANDA GRANDEL
VICE PRESIDENT STRATEGIC EVENTS

(i)	216,107	3,614	0	19,162	2,807	241,690	0
(ii)	0	0	0	0	0	0	0

11 CHARLES GALBREATH
SR. FELLOW SPACE STUDIES, MITCHELL I

(i)	207,469	3,500	0	18,789	2,840	232,598	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

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.

Return Reference	Explanation
PART I, LINE 1B	THE ORGANIZATION FOLLOWS ITS WRITTEN POLICIES REGARDING THE BENEFITS PROVIDED TO THE PRESIDENT.
PART I, LINE 4B	THE PRESIDENT OF AFA PARTICIPATED IN A 457(F) PLAN SPONSORED BY AFA. BENEFITS PAID TOTALED \$68,607 AND ARE INCLUDED IN GROSS WAGES. NO CONTRIBUTIONS WERE PAID INTO THE PLAN BY AFA DURING THE YEAR.
PART I, LINE 5	THE PRESIDENT RECEIVES AN INCENTIVE BONUS CONTINGENT UPON CERTAIN PERFORMANCE GOALS AND BY THE REVENUE PERFORMANCE OF THE ASSOCIATION AS OUTLINED IN THEIR EMPLOYMENT CONTRACT. THE DEAN OF THE MITCHELL INSTITUTE RECEIVES A BONUS CONTINGENT ON MEETING PERFORMANCE AND FINANCIAL GOALS SET FORTH IN THE DEAN'S EMPLOYMENT CONTRACT. AFA ALSO GRANTS BONUSES TO STAFF, AT THE PRESIDENT'S DISCRETION. PART OF THE PERFORMANCE EVALUATION FOR THE BONUSES INCLUDES REVENUE GENERATION.

SCHEDULE O
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AIR & SPACE FORCES ASSOCIATION

Employer identification number

52-6043929

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE IS COMPRISED OF THE NATIONAL OFFICERS AND UP TO THREE ADDITIONAL NATIONAL DIRECTORS APPOINTED BY THE CHAIRMAN. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD WHEN THE FULL BOARD IS NOT IN SESSION.
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS VARIOUS CLASSES OF MEMBERS BASED ON LENGTH OF MEMBERSHIP AND TYPE.
FORM 990, PART VI, SECTION A, LINE 7A	THE VOTING DELEGATES OF THE ORGANIZATION ELECT THE MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B	THE DELEGATES OF THE ORGANIZATION APPROVE THE AIR & SPACE FORCES ASSOCIATION STATEMENT OF POLICY; ELECT MEMBERS OF THE GOVERNING BODY; APPROVE DUES CHANGES; AND APPROVE CHANGES TO AIR & SPACE FORCES ASSOCIATION BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11B	AFTER PREPARATION BY AFA'S CPA FIRM, AFA STAFF ALONG WITH THE FINANCE COMMITTEE AND AUDIT COMMITTEE CHAIR PERFORM A THOROUGH REVIEW. A COPY OF THE FORM 990 IS THEN PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	HANDLING A CONFLICT OF INTEREST THAT ARISES AT A MEETING - A DIRECTOR SHOULD BE SENSITIVE TO ANY INTEREST HE OR SHE MAY HAVE IN A DECISION TO BE MADE BY THE BOARD OF DIRECTORS AND, INSOFAR AS POSSIBLE, RECOGNIZE THAT SUCH INTEREST EXISTS PRIOR TO THE DISCUSSION OR PRESENTATION OF SUCH A MATTER BEFORE THE BOARD. WHEN A DIRECTOR HAS AN INTEREST IN A TRANSACTION BEING CONSIDERED BY THE BOARD, HE OR SHE SHOULD DISCLOSE THE CONFLICT BEFORE THE BOARD TAKES ACTION ON THE MATTER. THE DIRECTOR SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE IN ANY WAY, THE DIRECTOR'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE QUORUM FOR ANY AIR & SPACE FORCES ASSOCIATION BUSINESS TRANSACTION IN WHICH HE OR SHE HAS A POSSIBLE INTEREST. IF THE DIRECTOR RECOGNIZES THAT THE CONFLICT IS ONGOING AND THAT THE INFORMATION DISCUSSED AT THE BOARD MEETING WILL BEAR ON THAT CONFLICT, THE DIRECTOR SHOULD NOT PARTICIPATE IN THAT PORTION OF THE DISCUSSION AND LEAVE THE ROOM. BOARD MEMBERS SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR. THIS POLICY IS MONITORED BY THE MEMBERS OF THE GOVERNING BOARD CONTINUOUSLY THROUGH THE YEAR.
FORM 990, PART VI, SECTION B, LINE 15A	PRESIDENT ONLY - THE PRESIDENT & CEO'S COMPENSATION IS SET BY THE PRESIDENT & CEO'S EVALUATION & COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE, WHO REVIEWS AND DOCUMENTS COMPENSATION DELIBERATIONS ANNUALLY. THE PRESIDENT & CEO'S COMPENSATION WAS REVIEWED BY AN OUTSIDE CONSULTING FIRM. THE FIRM COMPARED THE COMPENSATION OF THE PRESIDENT & CEO TO OTHER SIMILAR ASSOCIATIONS. A LAWYER WHO SPECIALIZES IN ASSOCIATIONS WAS CONSULTED AS PART OF THIS REVIEW. THE SENIOR LEADERSHIP WORKED WITH AN INDEPENDENT CONSULTING FIRM TO CONDUCT A COMPENSATION STUDY ON OTHER OFFICERS AND KEY EMPLOYEES OF THE ASSOCIATION. THE FIRM CONDUCTED MANAGEMENT INTERVIEWS, EVALUATED THE COMPENATION SYSTEM, PERFORMED MARKET AND SYSTEM ANALYSIS, AND PRESENTED FINDINGS AND RECOMMENDATIONS TO AFA SENIOR LEADERSHIP. THIS PROCESS WAS LAST COMPLETED IN 2024.
FORM 990, PART VI, SECTION C, LINE 19	AIR & SPACE FORCES ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
FORM 990, PART XI, LINE 9:	CHANGE IN PENSION LIABILITY 17,250.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Name of the organization AIR & SPACE FORCES ASSOCIATION

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-6043929

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) (Rev. 1-2025)

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

