# 990

# **Return of Organization Exempt From Income Tax**

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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.

9/1/2020 8/31/2021 For the 2020 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Fort Worth Airpower Foundation Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 75-2828493 Name change E Telephone number P.O Box 8728 ZIP code Initial return City or town State (817) 682-0767 TX 76124 Fort Worth Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Gross receipts 194.226 Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes X No Sid Eppes P O Box 8728, Fort Worth, TX 76124 H(b) Are all subordinates included? If "No," attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) ( ) < (insert no.) 4947(a)(1) or 527 Website: ▶ airpowerfoundation.org **H(c)** Group exemption number ▶ X Corporation Trust Association Other > L Year of formation: M State of legal domicile: Form of organization: 1999 TX Part I Briefly describe the organization's mission or most significant activities: Raising funds to assist in welfare and Activities & Governance morate at the Naval Airstation/Joint Reserve base in Fort Worth, Texas; Other US Military units; and Veteran's organizations Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 11 Total number of individuals employed in calendar year 2020 (Part V, line 2a). 5 0 6 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Prior Year Current Year** 1,955,663 Contributions and grants (Part VIII, line 1h) . . . 193,316 Program service revenue (Part VIII, line 2g) . . . . 9 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 5.770 910 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1.961.433 12 194,226 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 875,673 165,076 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . 15 0 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . . 325,371 17 1,250,135 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 18 2,125,808 490,447 Revenue less expenses. Subtract line 18 from line 12. 19 -164.375-296.221 **Beginning of Current Year** End of Year Balances Total assets (Part X, line 16). 893.544 642,003 20 21 Total liabilities (Part X, line 26) . . . . . 44,676 22 Net assets or fund balances. Subtract line 21 from line 20 597,327 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 Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Check X if Paid Federico V Garza 8/11/2022 self-employed P00505718 Federico V Garza **Preparer** ► South Texas Management Services Firm's EIN ► 74-2488997 Firm's name **Use Only** Firm's address ▶ 2004 W Jefferson Blvd Ste 4, Harlingen, TX 78550 (956) 428-6945

Pa	rt III	<b>Statement of Program Service Acc</b> Check if Schedule O contains a resp		s Part III.......	
1	Briefly de:	scribe the organization's mission:			
		nds to assist in welfare and morate at the		se in	
	Fort Wort	n, Texas; Other US Military units; and Vete	ran's organizations		
2	Did the or	ganization undertake any significant progra	am services during the year which	were not listed on	
		form 990 or 990-EZ?			Yes X No
	-	escribe these new services on Schedule C			
3		ganization cease conducting, or make sigr		s, any program	
		escribe these changes on Schedule O.			Yes X No
4		escribe these changes on Schedule O. he organization's program service accomp	dishments for each of its three large	nest program services, as m	easured by
7		. Section 501(c)(3) and 501(c)(4) organiza	_		=
		xpenses, and revenue, if any, for each pro			, , , , , , , , , , , , , , , , , , , ,
4a	(Code:		076_ including grants of \$	165,076 ) (Revenue \$	194,226 )
		s provided to other tax exempt organization			
		d the veterans throughout the year. This in			
		honoring such men and women. A schedu I of this form.			
				<b>J</b>	
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other pro	gram services (Describe on Schedule O.)			
	(Expense	-	of \$ 0)(Rev	enue \$	0 )

165,076

Total program service expenses

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If</i> "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
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		Χ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Χ
•	the organization's separate or consolidated inflation statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Х	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III.	19	Λ.	Y
202	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		,,
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II.	21	Х	

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١.,
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
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	l		l .,
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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%	26		
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		⊢^
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	If"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? / Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Х	ļ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	<b> </b>		,,
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		V	
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par		<u> 1 30 </u>	^	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V			П
	2.103K ii Goriodalo G Goridanio a response di note te diriy iine in tillo i dit v	<u> </u>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	NO
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ü	gaming (gambling) winnings to prize winners?	1c	Х	

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Ť
			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			Â
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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 qualified intellectual property, and 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	711		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
J	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
_		14a 14b		<del>  ^</del>
b 45	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
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	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Sect	ion 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	<b>1a</b> 11			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	nip with			
	any other officer, director, trustee, or key employee?		2		Χ
3	Did the organization delegate control over management duties customarily performed by or under t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other po-	erson?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Χ
6	Did the organization have members or stockholders?		6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	7.0		
0	the year by the following:	during			
•	The governing body?		8a	Х	
a b			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		OD	^	
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		V
Soot				<b>,</b>	Х
Seci	ion B. Policies (This Section B requests information about policies not required by the I	illerriai Reveriue C	oue.	/ Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a	162	X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such c		iva		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur		406		
44-			10b	· ·	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e illing the form?.	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	yes,	40-	V	
40	describe in Schedule O how this was done		12c	Х	· ·
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		Χ
15	Did the process for determining compensation of the following persons include a review and approve	· · · · · · · · · · · · · · · · · · ·			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				.,
а	The organization's CEO, Executive Director, or top management official.		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg				
	the organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed		0.4.4		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,		oU1(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app	=			
46		olain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest pol	ıcy,		
	and financial statements available to the public during the tax year.	and a surface of			
20	State the name, address, and telephone number of the person who possesses the organization's be	(- (-) - ( (			
	Wanda Cox	(817) 312-7774			
	P O Box 8728. Fort Worth. TX 76124				

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10	-20	20	43	J

Page 7

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

				((	C)					
					ition					
(A)	(B)			neck	more	than o		(D)	(E)	(F)
Name and title	Average hours					is both or/truste		Reportable compensation	Reportable compensation	Estimated amount of other
	per week							from the	from related	compensation
	(list any	Individual or director	18	Officer	ey	ighe	Former	organization	organizations	from the
	hours for related	idua	Æ	Ψ	emg	est o	Ф	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	om				Tolatou organizationo
	below dotted line)	ıste	trus		96	pen				
	dotted line)	Ф	tee		ŀ	Highest compensated employee				
						a.				
(1) Sid Eppes	20.00									
Chairman	0.00	Χ		Х						
(2) Jim Darwin	20.00	•								
Vice Chair	0.00	Х		Х						
(3) Wanda Cox	2.00									
Secretary/Treasurer	0.00	Χ		Х						
(4) Gene De Bullet Jr.	2.00									
Corporate Counsel	0.00	Χ		Х						
(5) Don Shelton	2.00									
Board Member	0.00	Χ								
(6) Jim Thiomason	2.00									
Board Member	0.00	Χ								
(7) B/Gen Robin Akin (RET) USA	2.00									
Board Member	0.00	Χ								
(8) Tamiko Bailey	2.00									
Board Member	0.00	Χ								
(9) John Kinnear	2.00									
Board Member	0.00	Χ								
(10) Roman Palomares	2.00									
Board Member	0.00	Χ								
(11) Vacant	2.00									
Board Member	0.00	Χ								
(12)										
(13)										
(14)										

Pa	nrt VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH b	ghes	t Co	ompensated Em	iployees (	contin	ued)		
		(C)												
	(A)	(B)	Position (do not check more than or				nne	ne (D) (E				(F)		
	Name and title	Average	box, unless person is both			an Reportable Repo					ited amount			
		hours per week		1			or/trust		compensation from the	compensa from rela			f other pensation	
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	organizat	tions		om the	
		hours for related	/idua	tutio	ğ	emp	est	ner	(W-2/1099-MISC)	(W-2/1099-	MISC)		ization and organizations	
		organizations		nal		oloy	e com					relateu	organizations	,
		below	uste	trus		ee	pen							
		dotted line)	Ф	ee			sate			•				
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(15)		 												
			<u> </u>											_
(16)		 												
										_				_
(17)														
(10)			-											_
(18)														
(40)														_
(19)			·											
(20)														_
(20)														
(21)				4		1								-
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(22)							•							-
\ <del></del> /_														
(23)														_
<u> </u>			X											
(24)				<b>I</b>										_
-X:L-			1	ľ										
(25)														_
			7											
1b	Subtotal							<b>•</b>	0		0			0
С	Total from continuation sheets to Part VII, So	ection A						•	0		0			0
d	Total (add lines 1b and 1c)							•	0		0			0
2	Total number of individuals (including but not lin	mited to those lis	sted a	abov	e) v	vho	recei	ved	more than \$100	,000 of				
	reportable compensation from the organization	<b>/</b>												0
												,	Yes No	)
3	Did the organization list any former officer, dire													
	employee on line 1a? If "Yes," complete Sched	ule J for such in	dividu	ual .								3	X	
4	For any individual listed on line 1a, is the sum of	of reportable con	npen	satio	n a	nd o	other	con	npensation from					
	the organization and related organizations grea	ter than \$150,00	00? <i>I</i> 1	f "Ye	es,"	con	nplete	Sc	hedule J for suc	h				
	individual											4	X	
5	Did any person listed on line 1a receive or accr	ue compensatio	n froi	m ar	าง น	nrel	ated	orga	anization or indiv	ridual				
	for services rendered to the organization? If "Ye	•			-			_				5	X	Ī
Sect	tion B. Independent Contractors	•											•	
1	Complete this table for your five highest compe	nsated independ	dent (	cont	ract	ors	that r	ece	ived more than	\$100,000	of			
	compensation from the organization. Report co	mpensation for t	the ca	alen	dar	yea	r end	ing	with or within the	e organiza	tion's t	ax yea	ır.	
	(A)								(B)			(C)		
	Name and business add	ress							Description of ser	vices	C	compens	ation	
														0
														0
														0
														0
	Tatalananhan ati 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ata a ta di di di		41				<u> </u>	and a second second					0
2	Total number of independent contractors (included and the contractors) and the contractors are the contractors.	_		tho	se I	ıste	a abc		wno received					
	more than \$100,000 of compensation from the	organization						0						

Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line in	this Part VIII			$\square$
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	0 0 193,316 0 0	400 040			
Program Service Revenue	2a b c d e f	All other program service revenue		193,316 0 0 0 0 0 0			
Other Revenue	3 4 5 6a b c d 7a b c d 8a b c 10a b	Investment income (including dividends, interest, a other similar amounts) Income from investment of tax-exempt bond proce Royalties  Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ 193,316 of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold  (i) Real (i)	eeds	910 0 0			
Miscellaneous Revenue	11a b c d	Net income or (loss) from sales of inventory	Business Code	0 0 0 0			
	12	Total revenue. See instructions.		194,226	0	0	0

# 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 Pa	art IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	165,076	165,076		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):	4.4			
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	249,910		0	249,910
12	Advertising and promotion	6,465		6,465	,
13	Office expenses	4,344		4,344	
14	Information technology	6,481		6,481	
15	Royalties	0		·	
16	Occupancy	24,470		24,470	
17	Travel	1,670		1,670	
18	Payments of travel or entertainment expenses	,		·	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,248		4,248	
20		0		·	
21	Interest	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,772		1,772	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program Events for Soldiers	0			
b	Bank Charges	1,499		1,499	
С	Miscellaneous	771		771	
d	Management Consultant	23,741		23,741	
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	490,447	165,076	75,461	249,910
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here  if				
	following SOP 98-2 (ASC 958-720)				

75-2828493

Form 990 (2020)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	:X		
			<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	. 893,544	2	642,003
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons	0	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)	0	6	
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	. 0	8	
⋖	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a	0		
	b	Less: accumulated depreciation 10b	0 0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	. 0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	893,544	16	642,003
	17	Accounts payable and accrued expenses	. 0	17	
	18	Grants payable	0	18	44,676
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	. 0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	. 0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	. 0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	. 0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	44,676
S		Organizations that follow FASB ASC 958, check here ▶			
Š		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	. 0	27	
m T	28	Net assets with donor restrictions	. 0	28	
Ĕ		Organizations that do not follow FASB ASC 958, check here ► X			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	. 0		
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	597,327
et /	32	Total net assets or fund balances			597,327
ž	33	Total liabilities and net assets/fund balances	893,544		642.003

	( ) / Control and an other restriction		0=0.00		, · · <del>-</del>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		194	1,226
2	Total expenses (must equal Part IX, column (A), line 25)	2		490	),447
3	Revenue less expenses. Subtract line 2 from line 1	3		-296	5,221
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		893	3,544
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	' '	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		597	7,327
Part				ı	_
	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:	Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O.			V	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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:				
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		Χ
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
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 on Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2020)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

S Cabbout | SUSU

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

tion. Inspect

Fort	Wo	th Airpower Foundation					75-28	28493		
	rt I	Reason for Public Char								
	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	H	A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .								
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . 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 govern	ment or governmen	ital unit described in <b>se</b>	ction 170	(b)(1)(A)(	(v).			
7	Χ	An organization that normally redescribed in <b>section 170(b)(1)</b>			m a gove	rnmental ı	unit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)					
9		An agricultural research organior university or a non-land-grar university:	t college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or		
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	o its exempt function income and unrelate	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its		
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See <b>s</b> e	ection 509	9(a)(4).			
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de ugh 12d that descril	scribed in <b>section 509</b> bes the type of support	(a)(1) or sting organ	section 50 ization an	<b>09(a)(2).</b> See <b>section</b> d complete lines 12e	<b>n 509(a)(3).</b> e, 12f, and 12g.		
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regunder to regunder to regunder to regular to the second to the secon	larly appoint or elect a tions A and B.	majority o	of the dire	ctors or trustees of th	ne supporting		
b	į	Type II. A supporting organic control or management of the organization(s). You must of Type III functionally integral.	e supporting organi complete Part IV, S	zation vested in the sa	me perso	ns that co	ntrol or manage the	supported		
·	'	its supported organization(s						rated with,		
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att			
е	,	Check this box if the organiz functionally integrated, or Ty	ration received a wr pe III non-functiona	itten determination fror	n the IRS	that it is a		e III		
f		Enter the number of supported							0	
g		Provide the following informatio  Name of supported organization	n about the support (ii) EIN	ed organization(s).  (iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
<del>-</del> -									_	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

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

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	2,496,527	1,101,645	2,660,498	1,955,663	193,316	8,407,649
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	2,496,527	1,101,645	2,660,498	1,955,663	193,316	8,407,649
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						8,407,649
Sec	tion B. Total Support					<u>.</u>	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,496,527	1,101,645	2,660,498	1,955,663	193,316	8,407,649
8	Gross income from interest, dividends,						, ,
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	277	2,418	14,898	5,770	910	24,273
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	<b>Total support.</b> Add lines 7 through 10						8,431,922
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First 5 years. If the Form 990 is for the organ	nization's first, seco	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)	•	
	organization, check this box and stop here .						
Sec	ction C. Computation of Public Sup	port Percenta	ae				•
	Public support percentage for 2020 (line 6, co	•		f))		14	99.71%
15	Public support percentage from 2019 Schedu	.,	•	• • •		15	99.77%
16a	33 1/3% support test—2020. If the organiza					ck this box	
	and <b>stop here.</b> The organization qualifies as						<b>▶</b> X
b	33 1/3% support test—2019. If the organiza	ation did not check	a box on line 13 o	r 16a. and line 15 i	s 33 1/3% or more	. check this	<u> </u>
	box and <b>stop here</b> . The organization qualifie			•			
17a	10%-facts-and-circumstances test—2020	If the organization	did not check a h	ox on line 13 16a	or 16h and line 14	1	· -
u	10% or more, and if the organization meets the	-					
	Part VI how the organization meets the facts-		·		•		
	organization						
b	10%-facts-and-circumstances test—2019	. If the organization	did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	<u> </u>
	15 is 10% or more, and if the organization me			•			
	in Part VI how the organization meets the fac		_				. 1
	organization						▶
18	Private foundation. If the organization did n	ot check a box on l	line 13, 16a, 16b,	17a, or 17b, check	this box and see		·
	instructions						<b>.</b> .

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						_
3	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)						0
	tion B. Total Support	(a) 204C	(b) 2047	(=) 2040	(4) 2040	(=) 2020	(f) Takal
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6	0	0	0	0	U	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						0
<b>L</b>	royalties, and income from similar sources						0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	Ŭ	0	0			
••	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		
	organization, check this box and <b>stop here</b>						<b>.</b>
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2020 (line 8, c					15	0.00%
	Public support percentage from 2019 Sched					16	0.00%
Sec	tion D. Computation of Investmer					T T	
17	Investment income percentage for 2020 (line					17	0.00%
18	Investment income percentage from 2019 S					18	0.00%
19a	33 1/3% support tests—2020. If the organi						. □
L	not more than 33 1/3%, check this box and \$	-			-		•
D	<b>33 1/3% support tests—2019.</b> If the organi line 18 is not more than 33 1/3%, check this						▶ □
20	<b>Private foundation.</b> If the organization did r		=				<del></del>
	ato roundation. Il the diganization did i	IS STISSING BUX UIT	∪ i <del>-</del> , i ∪a, ∪i l ∂	~, oneon una box a			· · · · · · · · · · · · · · · · · · ·

#### **Supporting Organizations** Part IV

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

#### **Section A. All Supporting Organizations**

- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
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8		
9a		
9b		
an		
90		
9c		
10a		
iva		
10b		
orm 990 or 9	990-F7	2020

Page **5** 

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
·	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations		Į	l
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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 <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
0000	1011 O. 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		
Sect	ion D. All Type III Supporting Organizations		1	1
			Yes	No
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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> " <i>No</i> ," <i>explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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.	3		
Sect	ion 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 instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	
	Activities Test. Answer lines 2a and 2b below.		Yes	Na
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
а	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	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.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		I

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 (prior Year (potional))	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (			
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Recoveries of prior year (from Section A, line 8, column A) 1 Recoveries of prior-year distributions Recovery reduction or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		•		,
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Adjusted Net Income (subtract line 5 from line 4). 8 Adjusted Net Income (subtract line 5 from line 4). 8 Adjusted Income Income (see instructions) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 a	Section A - Adjusted Net Income	(A) Prior Year	` '	
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b Average monthly cash balances  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Subtract line 2 from line 1d.  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 0 0 0  8 Minimum Asset Amount (add line 7 to line 6)  8 0 0 0  Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  2 0  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 O 0 0 0	instructions for short tax year or assets held for part of year):			
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 0 0 0 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 0 0 0 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 0 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 0  Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 4, unless subject to emergency temporary reduction (see instructions). 6 0 0 0 0	a Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c) 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 0 0 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 0 0 7 Recoveries of prior-year distributions 7 0 0 8 Minimum Asset Amount (add line 7 to line 6) 7 Recoveries of prior-year distributions 7 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 9 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 0 2 Enter 0.85 of line 1. 2 0 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 4, unless subject to emergency temporary reduction (see instructions). 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<b>b</b> Average monthly cash balances	1b		
e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 0 0  8 Minimum Asset Amount (add line 7 to line 6)  8 0  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  1 Adjusted net income for prior year (from Section B, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	c Fair market value of other non-exempt-use assets	1c		
(explain in detail in Part VI):2 Acquisition indebtedness applicable to non-exempt-use assets23 Subtract line 2 from line 1d.3004 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4005 Net value of non-exempt-use assets (subtract line 4 from line 3)5006 Multiply line 5 by 0.035.60007 Recoveries of prior-year distributions7008 Minimum Asset Amount (add line 7 to line 6)800Section C - Distributable AmountCurrent Year1 Adjusted net income for prior year (from Section A, line 8, column A)102 Enter 0.85 of line 1.203 Minimum asset amount for prior year (from Section B, line 8, column A)304 Enter greater of line 2 or line 3.405 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).60	d Total (add lines 1a, 1b, and 1c)	1d	0	0
(explain in detail in Part VI):2 Acquisition indebtedness applicable to non-exempt-use assets23 Subtract line 2 from line 1d.3004 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4005 Net value of non-exempt-use assets (subtract line 4 from line 3)5006 Multiply line 5 by 0.035.60007 Recoveries of prior-year distributions7008 Minimum Asset Amount (add line 7 to line 6)800Section C - Distributable AmountCurrent Year1 Adjusted net income for prior year (from Section A, line 8, column A)102 Enter 0.85 of line 1.203 Minimum asset amount for prior year (from Section B, line 8, column A)304 Enter greater of line 2 or line 3.405 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).60	e Discount claimed for blockage or other factors			
2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 O O 0 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 O O 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 O O 7 Recoveries of prior-year distributions 7 O O 8 Minimum Asset Amount (add line 7 to line 6) 8 O O Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 O 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	<del>-</del>			
3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 0 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 0  Section C - Distributable Amount Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 0 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2		
see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 0 0  8 Minimum Asset Amount (add line 7 to line 6)  8 0 0  Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 0  0 0  0 0  0 0  0 0  0 0  0 0  0	3 Subtract line 2 from line 1d.	3	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 0 0  8 Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 0  0 0  0 0  0 0  0 0  0 0  0 0  0	4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 0 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 0 Section C - Distributable Amount Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 0 0 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 0 0 0	•	4	0	0
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 9 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 0 0 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
7 Recoveries of prior-year distributions 7 0 0 0  8 Minimum Asset Amount (add line 7 to line 6) 8 0 0  Section C - Distributable Amount Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A) 1 0 0  2 Enter 0.85 of line 1. 2 0 0  3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 0 0  4 Enter greater of line 2 or line 3. 4 0 0  5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 0 0		6	0	0
8 Minimum Asset Amount (add line 7 to line 6)  8 0 0  Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  8 0  0 0  0 0  Current Year  1 0  0 0  0 0  0 0  0 0  0 0  0 0  0		7	0	0
1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 0 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		8	0	0
2 Enter 0.85 of line 1. 2 0 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 0 4 Enter greater of line 2 or line 3. 4 0 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 0	Section C - Distributable Amount			Current Year
3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
4 Enter greater of line 2 or line 3. 4 0 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 0	2 Enter 0.85 of line 1.	2		0
5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  5 0	3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 0	4 Enter greater of line 2 or line 3.	4		0
emergency temporary reduction (see instructions).	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		0
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		ally integ	rated Type III supporting o	organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)					
	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part VI</b>	()					
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	<b>Total annual distributions.</b> Add lines 1 through 6.			0				
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2020 from Section C, line 6			0				
10	Line 8 amount divided by line 9 amount	<u> </u>		0.000				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6			0				
2	Underdistributions, if any, for years prior to 2020							
	(reasonable cause required—explain in <b>Part VI</b> ). See							
	instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
<u>C</u>	From 2017							
<u>d</u>	From 2018							
	From 2019							
f	Total of lines 3a through 3e	0						
	Applied to underdistributions of prior years		0					
<u>h</u>	Applied to 2020 distributable amount			0				
<u></u>	Carryover from 2015 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0						
4	Distributions for 2020 from							
	Section D, line 7: \$ 0		0					
	Applied to underdistributions of prior years		0	0				
<u>D</u>	Applied to 2020 distributable amount	0		0				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.	0						
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result		0					
	greater than zero, explain in <b>Part VI</b> . See instructions.		0					
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain			0				
7	in Part VI. See instructions.			0				
,	Excess distributions carryover to 2021. Add lines 3j							
8	and 4c. Breakdown of line 7:	0						
	Excess from 2016							
<u>a</u>								
<u> </u>								
<u>c</u>								
	Excess from 2020							
U	LAUGOO II UIII 2020							

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.)

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Employer identification number

75-2828493 Fort Worth Airpower Foundation 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 0 0 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.

		more than \$15,000 of for events with gross recei	•	Λ		
		events with gross recei	(a) Event #1  Sky BallGala Event	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	193,316		0	193,316
œ	2	Less: Contributions Gross income (line 1 minus			0	0
		line 2)	193,316		0	193,316
	4	Cash prizes			0	0
"	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs			0	0
ct Exp	7	Food and beverages			0	0
Dire	8	Entertainment			0	0
	9	Other direct expenses	249,910		0	249,910
Pa	10 11 I <b>rt I</b> II	Direct expense summary. Add Net income summary. Subtract <b>Gaming.</b> Complete if the than \$15,000 on Form 9	ct line 10 from line 3, colu ne organization answer	mn (d)	▶ [	( 249,910) -56,594 eported more than
/enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	col. (a) through col. (c))
Direct Expenses   Revenue		Cash prizes	(a) Bingo		(c) Other gaming	col. (a) through col. (c))  0
		Cash prizes		bingo/progressive bingo		col. (a) through col. (c))  0  0
	3	Cash prizes	(a) Bingo		(c) Other gaming  Yes %  No	0 0 0
	3 4 5	Cash prizes	Yes%	bingo/progressive bingo  Yes%  No	Yes %	0 0 0
	3 4 5	Cash prizes	Yes % No I lines 2 through 5 in colu	bingo/progressive bingo  Yes%  No  mn (d)	Yes%No	0 0 0 0 0 0
Direct Expenses	3 4 5 6 7 8 E a ls bb lf	Cash prizes	Yes % No I lines 2 through 5 in colu Subtract line 7 from line ganization conducts gaminduct gaming activities in	Yes % No mn (d)	Yes % No No	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Sched	ule G (Form 990 or 990-EZ) 2020 Fort Worth Airpower Foundation	75-28	28493	Page <b>3</b>
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:			
а	· · · · · · · · · · · · · · · · · · ·	13a		%
b	,	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ı		
	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			
С	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:			
а	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 to be distributed to other exempt organizations or	·	163	
	spent in the organization's own exempt activities during the tax year  \$			0
Part		. ,		ınd
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	intorma	ation.	
	CCC ITISH UCHOTIS.			-

## **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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 the latest information.

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number

Fort Worth Airpower Foundation						75	5-2828493
Part I General Informatio	n on Grants	and Assistance				•	
<ul><li>Does the organization mainta the selection criteria used to a</li><li>Describe in Part IV the organ</li></ul>	award the grant ization's proced	s or assistance? . ures for monitoring		the United States.			X Yes No
•					s. Complete if the organizated if additional space		d "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Armed Forces Bowl			10,988				
(2) Community Charities Inc.			3,500				
(3) Alliance Air Show			1,250				
(4) Robert Irvine Foundation			6,528				
(5) Food Pantry			1,980				
(6) Fort Wort V A Clinic			500				
(7) NamPow Inc			41,152				
(8) Fort Worth Chamer Foundation			50,000				
(9) Captain Mills Chapter			500				
(10) Fort Worth Air Power Council			2,500				
(11) Shadow Warriors Project			5,500				
(12) Holiday and Heroes			8,075				
2 Enter total number of section 3 Enter total number of other or			ations listed in the line 1	table			47

Schedule I (Form 990) 2020

	(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
V	Supplemental Information. Pr	ovide the information r	equired in Part I li	ne 2: Part III. columr	(h): and any other addit	ional information

# **Continuation Sheet for Schedule I (Form 990)**

Name of the organization Employer identification number Fort Worth Airpower Foundation 75-2828493 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (f) Method of valuation (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant (b) EIN (g) Description of (book, FMV, appraisal, or government (if applicable) cash assistance or assistance grant non-cash assistance other) (13) Forgotten Veterans 11,520 (14) SMAF MASW FRB 6,500 (15) Lockheed Martin Armed Forces Bowl 5,000 (16) 301 Chiefs Group 5,400 (17) 457 Fighter Squadron 4,183 (18) (19) (21) (23) (24) (25) (26) (27) (28)

# **Continuation Sheet for Schedule I (Form 990)**

Employer identification number Name of the organization Fort Worth Airpower Foundation 75-2828493 Continuation of Grants and Other Assistance to Individuals in the United States (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 16 17 18 19

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Employer identification number Name of the organization Fort Worth Airpower Foundation 75-2828493 Form 990, Part VI, Section B, Line 11b: The complete form 990 is presented to the board of directors for approval prior to filing with the Internal Revenue Service Form 990, Part VI, Section B, Line 12c: The organization annually requires Officers and Directors to complete a Conflict of Interst form disclosing any acutal or potential conflicts of interests in compliance with the organizations's policy. Any actual or potential conflicts are also required to be disclosed by any voting member of the board prior to any discussion on a grant request. Also, any acutal or potential conflicts are required to be disclosed prior to any discussion of vendor selections for service providers. Form 990, Part VI, Section C, Line 19: The organization makes its governing documents conflicts of interest policy and its financial stataements available to the public upon request. Form 990, Part IX, Line 11g: Fundraising Expenses consist of : Skyball \$181,790; Greystone Castle Pheasant Hunt \$50,930; Naxcar \$17,190 Form 990, Part XI, Line 9: Adjustment of \$ 4.00 for rounding of cents

Schedule O (Form 990 or 990-EZ) 2020	Page	2
Name of the organization	Employer identification number	
	75-2828493	
of worth Airpower Foundation	13-2020+93	

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

# **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.

(b)

Primary activity

(c)

Legal domicile (state

or foreign country)

(d)

Total income

(e)

End-of-year assets

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

OMB No. 1545-0047

2020

Open to Public

Open to Public Inspection

(f)

Direct controlling

entity

Name of the organization

Fort Worth Airpower Foundation

75-2828493

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

(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations d			ie organizat	ion ar	nswered "Ye	es" or	Form 990,	Part I	V, line 34,	becau	se it h	ad
	(a) Name, address, and EIN of related organization		(b) ( Primary activity Legal don or foreig				section	(e) Public charity : (if section 501)		(f) Direct controlling entity		Section 5 contro	12(b)(13) rolled
(1) Fort Wor	th Air Power Council 23-7222071	Support										Yes	No
/ a.s.	28 Fort Worth, TX 76124			TX				501 (c)4		N/A			X
<u>(2)</u>													
(3)													
(4)													
(5)													
(6)													
(7)													
		•								•			

(a)

Name, address, and EIN (if applicable) of disregarded entity

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate ations?	(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	
_(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	rolled
40								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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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.			_		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or mor	re related organiz	zations listed in Parts I	I–IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ				
b	Gift, grant, or capital contribution to related organization(s)				1b		Χ				
С											
d	Loans or loan guarantees to or for related organization(s)			[	1d		Χ				
е	Loans or loan guarantees by related organization(s)			[	1e		Χ				
f	Dividends from related organization(s)				1f		Χ				
g	Sale of assets to related organization(s)				1g		Χ				
h	Purchase of assets from related organization(s)				1h		Χ				
i	Exchange of assets with related organization(s)				1i		Χ				
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ				
•											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			F	11		Х				
m					1m		Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Χ					
0	Sharing of paid employees with related organization(s)				10		Х				
·	onaling of paid omployood marrolated organization(o)						<u>, , , , , , , , , , , , , , , , , , , </u>				
р	Reimbursement paid to related organization(s) for expenses				1p	Х					
q	Reimbursement paid by related organization(s) for expenses			F	1g		Х				
ч	Troilibutourion paid by rolated organization(o) for experience				.4						
r	Other transfer of cash or property to related organization(s)				1r		Х				
' e	Other transfer of cash or property from related organization(s).				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete					olds					
	(a)	(b)	(c)	(d		oido.					
	` '	Transaction	Amount involved	Method of determining	,	nt involv	ed				
		type (a—s)									
1) Se	ee Part VII Supplemental Information										
2)											
3)											
4)											
5)											
6)											

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

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

or gross revenue) that was not a related	. •		<u> </u>	1			T .	1 .					<del></del>
(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)	organizations?		<b>(f)</b> 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	
(1)													
(2)													
(3)													
<u>(4)</u>													
<u>(5)</u>													
<u>(6)</u>													
(8)													
<u>(9)</u>													
(10)													
<u>(11)</u>													
(12)													
(13)													
(14)													<del>                                     </del>
(15)													
(16)													