Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For the	ie 2021 calen	dar year, or tax year begir	nning	, 2021, a	nd ending		, 2	0	
В	Check if	f applicable:	С				D Employ	er identific	ation number	
		dress change	Modern Military	Association of	Amorica		52-	184500	10	
	$\boldsymbol{\vdash}$	· ·	1725 I Street NW		Allierica		E Telepho			
	Nar	me change								
	Initi	tial return	Washington, DC 2	.0006			202	328-3	3244	
	Fina	al return/terminated								
	\vdash	nended return					G Gross re	accinta S	311,68	Λ
	-		F			1				
	App	plication pending	F Name and address of principal	^{al officer:} Hale Alleg	retti		(a) Is this a group return			No
			Same As C Above	_		н	(b) Are all subordinates If "No," attach a list.	included?	ctions Yes	No
ī	Tax-e	exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	ii ivo, attacii a iist.	. Occ mana	Ctions.	
J				, , ,	10 17 (4)(1) 01					
			w.modernmilitary		1.		(c) Group exemption nu			
K		of organization:	X Corporation Trust	Association Other ►	L Yea	ar of formation	n: 1993 M s	state of lega	al domicile: DE	
Pa	art I	Summar	v							
			be the organization's miss	ion or most significant a	activities:The	missio	n of Modern	Milit	arv	
			ion of America M							
9		ASSOCIAL	TOIL OF MILETICA M	MAA, TOTHELLY O	ucserve s	<u> </u>	educate	<u>, auv</u>	ocate and	
a		support	the LGBTQ+ milit	ary community,	inciuaing	<u>verer</u>	ins and raini	<u>.11es.</u>		
뗐					/ -					
Governance			ox ► if the organization			sed of more	e than 25% of its	net asse	ts.	
Ğ	3	Number of vo	oting members of the gove	rning body (Part VI, line	: 1a)			3		8
•ಶ	4	Number of in	dependent voting member	s of the governing body	(Part VI, line 1	lb)		4		8
<u>.8</u>			of individuals employed in					5		3
Activities &			of volunteers (estimate if					6		50
둉			ed business revenue from					7a	3,99	
⋖										
	В	ivet unrelated	d business taxable income	from Form 990-1, Part	i, iine II		,	7b	5,84	6.
				. 60			Prior Year		Current Year	
-	8 (Contributions	and grants (Part VIII, line	: 1h)			227,7	21.	298,32	8.
Ĕ	9	Program serv	vice revenue (Part VIII, line	e 2g)			,		,	
ē	10	Investment ir	ncome (Part VIII, column (A) lines 3 4 and 7d)						
Revenue			e (Part VIII, column (A), li				21,8	70	2 00	
_							21,0		3,99	
			e - add lines 8 through 11						302,32	
	13 (Grants and s	imilar amounts paid (Part	IX, column (A), lines 1-3	3)		10,0	00.	10,00	0.
	14	Benefits paid	I to or for members (Part I	X, column (A), line 4)						
			er compensation, employe	•				.n2	101,07	6
S	1.5						111,5	102.	101,07	0.
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line IIe)						
be	b ·	Total fundrais	sing expenses (Part IX, co	lumn (D), line 25) ►	14	,494.				
చ	17		ses (Part IX, column (A), li				CO 0	· F O	105 10	
							68,9		105,16	
	18	Total expense	es. Add lines 13-17 (must	equal Part IX, column (A	A), line 25)		256,4	52.	216,23	6.
	19	Revenue less	s expenses. Subtract line 1	8 from line 12			-6,8	53.	86,08	5.
٠ <u>٥</u>							Beginning of Curren		End of Year	
ta c	20	Total assets	(Part X, line 16)				45,5		150,90	0
Net Assets Fund Balanc	21		es (Part X, line 26)						130,90	6.
ŽΨ	21		•				3,1	11.	22,34	ь.
žŽ	22	Net assets or	fund balances. Subtract I	ine 21 from line 20			42,4	77.	128,56	2.
	art II	Signatur	e Block				<u>, , , , , , , , , , , , , , , , , , , </u>		•	
							- 1		14 to 4	
com	er penaiti plete. De	eclaration of prepa	eclare that I have examined this retainer (other than officer) is based on	urn, including accompanying scr all information of which prepare	r has any knowledg	ents, and to the e.	e best of my knowledge	and belief,	it is true, correct, and	
		- I.								
Sig	n	Signatu	re of officer				Date			
He	re	Hal	e Allegretti				Treasurer			
_	-		print name and title				IICUDUICI			
		, ,	<u>'</u>	Preparer's signature	Τ,	Data	Ix	7 I DT	TNI	
		Filmt/Type p	preparer's name	Preparer's signature] '	Date	Check 2	If PT		
Pa	id	Elizak	oeth Quist	Elizabeth Quis	t		self-employe	ed P	01269026	
	epare				1		İ			
Πc	e Onl	I I		<u> </u>			Eigenia FINI I	> 27 /	1516117	
-3	OIII	Firm's addre		22125					1516447	
			Occoquan, VA				Phone no.		97-1370	
Ma	y the IF	RS discuss th	nis return with the preparer	shown above? See inst	tructions				X Yes N	lo

Part	Ш	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly	ly describe the organization's mission:		
	<u>The</u>	e mission of Modern Military Association of America MMAA, formerly Outserve-S	<u>LDN</u>	·
	is 1	to educate, advocate and support the LGBTQ+ military community, including ve	eter	ans
	and	l families.		
		ne organization undertake any significant program services during the year which were not listed on the prior	_	
		n 990 or 990-EZ?	X	No
		es," describe these new services on Schedule O.	_	
		he organization cease conducting, or make significant changes in how it conducts, any program services?	X	No
		es," describe these changes on Schedule O.		
	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by ϵ ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expressions, if any, for each program service reported.	xpens	ses. ses,
4 a	(Code	e:) (Expenses \$ 84,846. including grants of \$) (Revenue \$)
	LEG	GAL & GOVERNMENT AFFAIRS: MMAA CONTINUED ITS WORK IN THE LEGAL SPHERE BY JOIN	IING	
		RCES WITH OTHER LGBT ADVOCATES TO FILE MULTIPLE LAWSUITS RANGING FROM TRANSGE		
		RVICE MEMBERS RIGHTS TO PREVENTING INDIVIDUALS LIVING WITH HIV FROM BEING		
	DIS	SCHARGED FROM THE MILITARY. MMAA CONTINUED PROVIDING FREE LEGAL COUNSELING T	<u>'</u> O	
	SERV	RVICE MEMBERS WITH LEGAL ISSUES STEMMING FROM DISCRIMINATION ON ONE'S PERCEIN		OR
		UAL SEXUAL ORIENTATION OR GENDER IDENTITY INCLUDING HIV POSITIVE AND TRANSGE		
	SERV	RVICE CASES. IN ADDITION, MMAA CONTINUED PROVIDING ASSISTANCE TO VETERANS SE	EKI	NG
	TO T	UPGRADE OR CORRECT THEIR DISCHARGE PAPERWORK, AND CONTINUED TO WORK WITH ELE	CTE	D
		CICIALS AND FEDERAL AGENCIES IN DEVELOPING LEGISLATIVE LANGUAGE THAT WOULD BE		
		LIVES OF ITS CONSTITUENTS.		
4 b	(Code	e:) (Expenses \$ 63,569. including grants of \$) (Revenue \$)
	COM	MUNICATIONS: IN 2021, MMAA CONTINUED THE WORK OF ITS PREDECESSOR ORGANIZATI	ONS	BY
	SHAI	ARING STORIES IN THE MEDIA OF LOBT MILITARY FAMILIES. MMAA JOINED NATIONAL AN		
	REG:	GIONAL CONVERSATIONS AND PUBLIC FORUMS ABOUT THE EXPERIENCES OF LGBT SERVICE		
	MEMI	BERS IN THE POST-DADT ERA AND CONTINUED TO ADVOCATE FOR AUTHENTIC TRANSGENDE	:R	
	SERV	RVICE. THE ORGANIZATION EDUCATED LGBT SERVICEMEMBERS AND VETERANS ABOUT THEI	R	
	RIGI	SHT TO SERVE AND TO CORRECT NEGATIVE DISCHARGE/DISCIPLINE RELATED TO LGBT STA	TUS	
	MMA	AA MANAGED A STRONG SOCIAL MEDIA PRESENCE WITH OVER 70,000 FOLLOWERS. THE		
	ORG	SANIZATION ALSO WORKED TO EDUCATE PUBLIC OFFICIALS AT ALL LEVELS OF GOVERNMEN	ITS	ON
	EFF(ORTS THEY COULD TAKE TO HELP PROTECT THE RIGHTS OF THE LGBT SERVICE MEMBER		
	COM	MUNITY. THE ORGANIZATION ALSO CONTINUED TO PUBLISH ITS QUARTERLY MAGAZINES	AND	
	MON'	NTHLY NEWSLETTERS.		
4 c	(Code	e:) (Expenses \$ 37,377. including grants of \$ 10,000.) (Revenue \$)
	MEMI	MBER SERVICES: MMAA SUPPORTS ITS MEMBERS AND THEIR FAMILIES THROUGH PARTICIF	PATI	ON
	IN I	NATIONAL AND REGIONAL PRIDE EVENTS. AS A RESULT OF THE MERGER, MMAA TOOK ON	1	
	SERV	RVICES DIRECTLY RELATED TO FAMILIES AND CHILDREN DEPENDENTS PER THE MERGER, M	MAA	
	TOOI	OK ON RESPONSIBILITY OF THE MILPRIDE PROGRAM, WHICH IS DESIGNED TO BE A RESOU	JRCE	
	AND	SUPPORT NETWORK HELPING THESE MODERN MILITARY FAMILIES NAVIGATE THE UNIQUE		
	CHA:	ALLENGES OF MILITARY SERVICE. ADDITIONALLY, MMAA PROVIDED A SUPPORT NETWORK	FOR	
		ILLIES AS THEY PCS TO NEW INSTALLATIONS. ONE SCHOLARSHIP OF \$5,000 WAS GRANT		
		21, AS WERE FIFTY, \$100 GIFT CARDS AS A MILITARY FAMILY HOLIDAY INITIATIVE.		
		r program services (Describe on Schedule O.)		
		enses \$ including grants of \$) (Revenue \$)	
4 e	Total	program service expenses ► 185,792.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 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? If 'Yes,' complete Schedule D, Part IV.	9		Х
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.	11 a	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? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	I 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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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? If 'Yes,' complete Schedule G, Part II.	18		X
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2021) Modern Military Association of America Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a 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
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	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 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	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	instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If Yes, complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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? <i>If</i> 'Yes,' <i>complete Schedule R, Part I</i>	33		Х
	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
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shoot it Solicould C contains a response of note to any fine in this fall v		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		•	
D A /	(gambling) winnings to prize winners?	1 c	X 000 (0001

Form 990 (2021) Modern Military Association of America

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

			Yes	No
2 8	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 3			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Χ	
ŀ	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b	Χ	
4 a	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)?	4 a		Х
ŀ	olf '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).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Χ
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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?	6 a		Х
	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a		Х
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
,	I If 'Yes,' indicate the number of Forms 8282 filed during the year	70		71
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	-		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
ŀ	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
á	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's 5 6 Χ Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a **b** Each committee with authority to act on behalf of the governing body Χ 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. See . Schedule . O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?........... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 12a Did the organization have a written conflict or interest policy? If 'No,' go to line 13..... Χ 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done... See. Schedule.0...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

300 Washington DC 20006 202 328-3244

Hale Allegretti 1725 I Street NW,

Form 990 (20)	21) Modern	Military	Association	٥f	America
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Form 990 (2021)

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

macpenaent Contractors	$\overline{}$	
Check if Schedule O contains a response or note to any line in this Part VII	Ш	

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

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

BAA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C) Position (do not check more									
(A) Name and title	(B) Average hours per	thar	one both	box, an o	unles	ss pers and a ee)	on	Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza-	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	tions below dotted line)	trustee	al trustee	/	yee	mpensated				
(1) Jennifer Dane	40) _					
Executive Dir.	0			X				92,695.	0.	0.
(2) Ashley Broadway-Mack	10									
Chairman	0	X		Χ				0.	0.	0.
(3) Joshua Fontanez	_ 2							_	_	
Vice President	0	Χ		Χ				0.	0.	0.
	10.8									
Director	0	Χ						0.	0.	0.
(5) John Harry	0.3	,		3.7				^	0	0
Secretary (6) Wingston Hanger	0.8	Χ		Χ				0.	0.	0.
(6) Timothy Hanson Director	0.8	Х						0.	0.	0.
7) Lori Hensic	1	Λ						0.	0.	0.
Director	1 -	Х						0.	0.	0.
(8) Hale Allegretti	2	71						0.	0.	<u> </u>
Treasurer	0	Х		Х				0.	0.	0.
(9) Daniel Suarez	0.8							<u> </u>	0.	<u> </u>
Director	0	Х						0.	0.	0.
(10)										
(11)										
100										
(12)										
<u>(13)</u>										
(14)										

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Part VII Section A. Officers, Directors, Tr		Key	Em	_	_	es, a	anc	Highest Con	pensated Emp	loyees (continued)
	(B)			(C	•					
(A) Name and title	Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount				
	(list any hours	or o	Tst .	유	Кe	emp	For	the organization (W-2/1099-	related organizations (W-2/1099-	of other compensation from the organization
	for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	and related organizations
	organiza - tions	Σ (Σ	nal b		oloye	comp				
	below dotted line)	Istee	ruste		0	ensa				
			0			ted				
<u>(15)</u>										
<u>(16)</u>										
(17)									,	
(18)										
(19)								111		
(20)							\ \ '			
(21))			
(22)										
(23)		C								
(24)		1								
(25)										
	1,									
1 b Subtotal c Total from continuation sheets to Part VII, Sect	ion A						-	92,695.	0. 0.	0.
d Total (add lines 1b and 1c)	IOII A						•	92,695.	0.	0.
2 Total number of individuals (including but not limite	d to those	listed	abov	e) v	vho i	ecei	ved			
from the organization • 0										
										Yes No
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, truste ch individu	ee, ke <i>ial</i>	ey em	nplc	yee 	, or	high 	nest compensated	employee	. 3 Х
4 For any individual listed on line 1a, is the sum of	of reportab	le co	mper	nsa	tion	and	oth	er compensation	from	
the organization and related organizations great such individual										. 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ue comper s.' comple	nsatio	n fro	m a	any <i>J foi</i>	unre r <i>suc</i>	late h p	d organization or erson	individual	
Section B. Independent Contractors	-									
Complete this table for your five highest compet compensation from the organization. Report compe	nsated ind nsation for	epend the ca	dent alend	cor lar y	ntrac year	tors endii	tha [.] ng w	t received more tl vith or within the or	nan \$100,000 of ganization's tax year	
(A) Name and business add	dress						Ū	(B) Description (of services	(C) Compensation
2 Total number of independent contractors (including	but not lim	ited to	o thos	se li	isted	abo	ve) v	who received more	than	
\$100,000 of compensation from the organization										
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ı uı	Check if Schedule O contains a response or note to a	ny line in this Part V	/		П
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ž, ž	1aFederated campaigns1a4,365				
Contributions, Gifts, Grants, and Other Similar Amounts	b Membership dues				
S, G	c Fundraising events				
G. S.	d Related organizations 1 d	_			
ns,	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and	_			
E E	similar amounts not included above 1f 293, 963.				
E E	g Noncash contributions included in lines 1a-1f				
Con	Iines 1a-1f	298,328.			
	Business Code	290,320.			
Program Service Revenue	2a				
æ	b				
/ice	С				
Sen	d				
аЩ	e .				
Ş.	f All other program service revenue g Total. Add lines 2a-2f				
<u> </u>					
	Investment income (including dividends, interest, and other similar amounts)		1		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses 6b c Rental income or (loss) 6c	+			
	d Net rental income or (loss)	•			
	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets	-			
	b Less: cost or other basis	_			
	and sales expenses 7b				
	c Gain or (loss)				
	d Net gain or (loss)	-			
Пе	8a Gross income from fundraising events (not including \$				
Ven	of contributions reported on line 1c).				
æ	See Part IV, line 18 8a				
Other Revenue	b Less: direct expenses 8b				
ᅙ	c Net income or (loss) from fundraising events	•			
	9 a Gross income from gaming activities.				
	See Part IV, line 19				
	b Less: direct expenses	.			
	10a Gross sales of inventory, less				
	b Less: cost of goods sold 10b 9,359.				
	c Net income or (loss) from sales of inventory	-4,507.		-4,507.	
SI	Business Code				
Miscellaneous Revenue	11a Advertising Income	8,500.		8,500.	
scellaneo Revenue	D				
Se Se	d All other revenue				
. <u>ν</u> Σ	e Total. Add lines 11a-11d	8,500.			
	12 Total revenue. See instructions.	302,321.	0.	3,993.	0.

Form 990 (2021) Modern Military Association of America 52
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 r	esponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000.	5,000.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	- ,	.,		
4 5	Benefits paid to or for members	07.061	74 272	C 705	6 704
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	87,961. 0.	74,372.	6,795.	6,794.
7	Other salaries and wages	2,788.	2,231.	279.	278.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,477.	1,982.	248.	247.
9	Other employee benefits				
10	Payroll taxes	7,850.	6,280.	785.	785.
	Fees for services (nonemployees):				
	Management				
	Legal	10,500.	10,500.		
	: Accounting	706.	1	706.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
y	(A), amount, list line 11g expenses on Schedule 0.)	10,043.	8,451.	796.	796.
12	Advertising and promotion	29,654.	23,724.	2,965.	2,965.
13	Office expenses	10,230.	8,218.	1,004.	1,008.
14	Information technology	4,190.	3,352.	419.	419.
15	Royalties				
16	Occupancy	1,465.	1,172.	147.	146.
17	Travel	10,562.	8,450.	1,056.	1,056.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,813.	7,813.		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	517.	517.		
23 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.).				
a	Suspense	9,367.	9,367.		
	Legal Storage	6,363.	6,363.		
	Program Materials	3,000.	3,000.		
	State Registration Fees	750.	2,000	750.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	216,236.	185,792.	15,950.	14,494.
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)				

		Check if Schedule O contains a response or note to	any I	ine in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash – non-interest-bearing			14,981.	1	139,311.		
	2	Savings and temporary cash investments			29,113.	2	4,628.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net		4					
	5	Loans and other receivables from any current or form	er offic	cer, director.					
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contri	butor, or 35%	1 500	_	1 500		
					1,500.	5	1,500.		
	6	Loans and other receivables from other disqualified po							
	_	section 4958(f)(1)), and persons described in section		6					
	7	Notes and loans receivable, net				7			
ets	8	Inventories for sale or use				8			
Assets	9	Prepaid expenses and deferred charges	 			9	3,400.		
,		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		- /	.02				
	b	Less: accumulated depreciation	10 b	23,917.		10 c	2,068.		
	11	Investments — publicly traded securities				11			
	12	Investments — other securities. See Part IV, line 11				12			
	13	Investments — program-related. See Part IV, line 11.				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15	1.		
	16	Total assets. Add lines 1 through 15 (must equal line			45,594.	16	150,908.		
	17	Accounts payable and accrued expenses			3,117.	17	22,346.		
	18	Grants payable)		18			
	19	Deferred revenue				19			
G	20	Tax-exempt bond liabilities		shadula D		20 21			
tie	21					21			
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu	itor, or	· 35%					
Ľа		controlled entity or family member of any of these per	rsons .			22			
	23	Secured mortgages and notes payable to unrelated th		L		23			
	24	Unsecured notes and loans payable to unrelated third				24			
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25			
	26	Total liabilities. Add lines 17 through 25			3,117.	26	22,346.		
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	• •	X					
ā	27	Net assets without donor restrictions			42,477.	27	128,562.		
ä	28	Net assets with donor restrictions				28			
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	e ►					
ō	29	Capital stock or trust principal, or current funds		29					
sis	30	Paid-in or capital surplus, or land, building, or equipm			30				
SS	31	Retained earnings, endowment, accumulated income,	d earnings, endowment, accumulated income, or other funds						
it A	32	Total net assets or fund balances			42,477.	32	128,562.		
Š	33	Total liabilities and net assets/fund balances			45,594.	33	150,908.		
ВΛ	۸		TEE A O 1	111 09/22/21			Form 900 (2021)		

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Χ

3 a

3 b

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

If the organization changed either its oversight process or

Audit Act and OMB Circular A-133? . . .

on Schedule O.

2021	Federal Worksheets	Page 1
	Modern Military Association of America	52-1845000
1. Inventory at st 2. Purchases	of Goods Sold (Form 990) tart of year A costs es 1 through 5) nd of year sold (Subtract line 7 from line 6)	0. 4,355. 5,004. 0. 0. 9,359. 0. 9,359.
Form 990, Part III, Line Program Services Tota		
Total Expenses Grants Revenue Form 990, Part IX, Line Other Fees For Service	es	ol. B 1. A
Graphic Design Payroll Processing	(A) (B) (C) Program Management Services General 2,082. 2,082. 2,082. 7,961. 6,369. 796. \$ Total \$\frac{\\$10,043.}{\\$5 10,043.} \frac{\\$8,451.}{\\$5 796.} \$\$	(D) Fund- raising 796. 796.
Computation of Cost of Total Of All Activities I	of Goods Sold (Form 990-T) Including Schedule M	
2. Purchases	tart of year A costs. es 1 through 5). nd of year sold (Subtract line 7 from line 6).	0. 4,355. 5,004. 0. 0. 9,359. 0. 9,359.
1. Total Contribut 2. Contributions <i>I</i> 3. 2016 Expired Co	tions. \$ Allowed in 2021 contributions. cr Section 170(d)(2)(B)	18,296. 650. 0. 0.

1	n	2
Z	u	

Federal Worksheets

Page 2

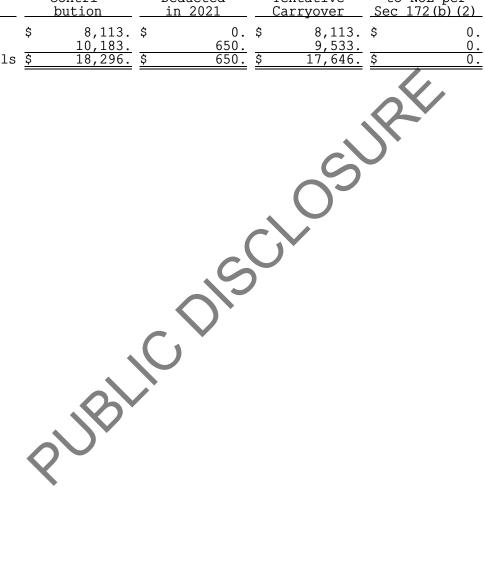
Modern Military Association of America

52-1845000

Computation of Contribution Carryover to 2022 (continued)

17,646.

 Contri- Year bution			Amount Deducted in 2021			Tentative Carryover	Amt Converted to NOL per Sec 172(b)(2)			Carryover to 2022
2020 2021	\$	8,113. 10,183.	\$	0. 650.	\$	8,113. 9,533.	\$	0. 0.	\$	8,113. 9,533.
Totals	\$	18,296.	\$	650.	\$	17,646.	\$	0.	\$	17,646.



SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number Modern Military Association of America 52-1845000 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(x) 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You management of the Supporting organization must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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.)

Sec	tion A. Public Support					_	
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	234,570.	86,540.	76,830.	245,720.	298,328.	941,988.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	234,570.	86,540.	76,830.	245,720.	298,328.	941,988.
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)			•			0.
6	Public support. Subtract line 5 from line 4			C			941,988.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	234,570.	86,540.	76,830.	245,720.	298,328.	941,988.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		S	7.			7.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	6,864.	400.				7,264.
	Total support. Add lines 7 through 10						949,259.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	13,597.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						99.23 %
	Public support percentage from 2					LL	99.36%
	33-1/3% support test—2021. If the and stop here. The organization	qualifies as a pub	olicly supported o	rganization			► <u>X</u>
b	33-1/3% support test—2020. If th and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	a, and line 15 is 33	3-1/3% or more, cl	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	Explain in Part \	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	nd-circumstances est. The organizat	test, check this to ion qualifies as a	pox and stop here publicly supporte	Explain in Part \ d organization	/I how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 1/a,	, or 1/b, check thi	s box and see ins	tructions

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

_			please complete					
Sec	tion A. Public Support							
	lar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
2	any 'unusual grants.')							
3	related to the organization's tax-exempt purpose							
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge				P			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons			C				
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.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)		7/2					
Sec	tion B. Total Support		<) ·					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
9	Amounts from line 6							•
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable	\sim						
	income (less section 511 taxes) from businesses acquired after June 30, 1975							
	taxes) from businesses							
11	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is							
11 12 13	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
11 12 13 14	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included on line 0b, whether or not the business is regularly carried on	stop here						>
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	stop here blic Support P	Percentage					<u> </u>
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	stop here blic Support P 021 (line 8, colum	Percentage n (f), divided by li	ne 13, column (f))			%
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	stop here blic Support P 021 (line 8, colum	Percentage n (f), divided by li	ne 13, column (f))			<u> </u>
11 12 13 14 Sec: 15 16	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	stop hereblic Support P 021 (line 8, colum 2020 Schedule A,	Percentage n (f), divided by li Part III, line 15.	ne 13, column (f))		15	%
11 12 13 14 Sec 15 16 Sec	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from	stop hereblic Support P 021 (line 8, colum 2020 Schedule A, restment Incor	Percentage n (f), divided by li Part III, line 15 ne Percentage	ne 13, column (f))		15	%
11 12 13 14 Sec 15 16 Sec 17	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	blic Support P 021 (line 8, colum 2020 Schedule A, restment Incor or 2021 (line 10c,	Percentage n (f), divided by li Part III, line 15 ne Percentage column (f), divide	ne 13, column (f))		15 16	90
11 12 13 14 Sec: 15 16 Sec: 17 18	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	blic Support P D21 (line 8, colum 2020 Schedule A, restment Incor or 2021 (line 10c, rom 2020 Schedu the organization of	Percentage n (f), divided by li Part III, line 15 ne Percentage column (f), dividule A, Part III, line lid not check the	ne 13, column (f) ed by line 13, column 17	umn (f))	than 33-1/3	15 16 17 18 %, and li	% % %
11 12 13 14 Sec: 15 16 Sec: 17 18 19a	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	blic Support P D21 (line 8, colum 2020 Schedule A, restment Incor or 2021 (line 10c, rom 2020 Schedu the organization of the organization of	Percentage n (f), divided by li Part III, line 15 me Percentage column (f), dividule A, Part III, line did not check the liphere. The organ lid not check a bo	ne 13, column (f) ed by line 13, column 17	umn (f))nd line 15 is more as a publicly supp	than 33-1/3' orted organiz	15 16 17 18 %, and lization an 33-1/3	% % % ine 17 ► [] 3%, and

52-1845000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
	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.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed: (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
c	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
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)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Га	11 14 Supporting Siguinzations (continued)			
-11	Line the execution accorded a wift as contribution from any of the following payment?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
,	the governing body of a supported organization?	11a		
	b A family member of a person described on line 11a above?	11b		
	C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
	,		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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on like 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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	The state of the s			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	5).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities			
	but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2021 Modern Military Association of	Ameı	rica 52-18	345000 Page (
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			310000
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain i	n Part VI). See A through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
i	A Average monthly value of securities	1a		
	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
(e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		

6 temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

2 Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

BAA Schedule A (Form 990) 2021

3

4 5

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

1

Current Year

2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	,	2		
3	Administrative expenses paid to accomplish exempt purposes of sup		3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizatio	n is responsive (provide	details		
	in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

BAA Schedule A (Form 990) 2021

52-1845000

Page 8

Part VI

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

Part II, Line 10 - Other Income

Nature and Source		2021		 2020	 2019	 2018		2017
Other To	al	\$	0.	\$ 0.	\$ 0.	\$ 400. 400.	\$ \$	6,864. 6,864.



BAA TEFA0408 08/31/21 Schedule A (Form 990) 2021

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

hedule of Contributors

OMB No. 1545-0047

Employer identification number

2021

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

Modern Military Association of America 52-1845000 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foun 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one For an organization contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Modern Military Association of America

Employer identification number

52-1845000

ганн	Contributors (see instructions). Use duplicate copies of Part Fit additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$23,501.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Modern Military Association of America

Employer identification number 52-1845000

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
DAA	TEE 0.07031 10/06/21	C-1- 1 1	D (E 000) (0001)

Modern Military Association of America 52-1845000 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift ransferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			
	of organization			Employer identific	ation number
Mod	dern Military Assoc	iation of America		52-184500	0
Par	rt I-A Complete if the or	rganization is exempt under sect	ion 501(c) or is a	section 527 organi	zation.
1		organization's direct and indirect political n of 'political campaign activities.'	campaign activities in	Part IV	
2	Political campaign activity ex	xpenditures. See instructions			;
3	Volunteer hours for political	campaign activities. See instructions)	
Par	rt I-B Complete if the or	rganization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	r section 4955	▶\$	0.
2	Enter the amount of any exc	cise tax incurred by organization manager	s under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 fd	r this year?		Yes No
4 a	Was a correction made?	·····			Tyes No
	b If 'Yes,' describe in Part IV.)		
Par	rt I-C Complete if the or	rganization is exempt under sect	ion 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for secti	on 527 exempt function	on activities \$	}
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to othe	r organizations for sec		
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	d on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the as received that were promptly and directly deal action committee (PAC). If additional sp	elivered to a separate bi	olitical organization, such	as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)			_		
(5)			_		
(6)					

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

Schedule C (Form 990) 2021

<u>ر</u>	2 -	1	0 /	1 5	Λ	Λ	Λ
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Part II-A Complete if		tary Association		52-1845	
section 501(tne organizatio h)).	n is exempt under se	ection 501(c)(3) and	Tilea Form 5/68 (el	ection under
A Check ► if the filing	g organization belon	gs to an affiliated group (an	d list in Part IV each affilia	ated group member's name	2,
_	•	d share of excess lobbying			
B Check ► if the filir	ng organization che	cked box A and 'limited co	ontrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ving Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	•				
b Total lobbying expenditu		• • •			
c Total lobbying expenditu	•	•		0.	0.
d Other exempt purpose e	•			209,790.	
e Total exempt purpose e	•	·		209,790.	0.
f Lobbying nontaxable an columns	nount. Enter the am			41,958.	
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable	e amount is:		
Not over \$500,000	000 000	20% of the amount on line 1e.	0500,000	\	
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the exces \$175,000 plus 10% of the exces		7	
Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$		s over \$1,500,000.			
Over \$17,000,000	517,000,000	over \$1,500,000.	Ť		
g Grassroots nontaxable a	amount (enter 25%	\$1,000,000.	6	10,490.	0
h Subtract line 1g from lin	•	·		10,490.	<u> </u>
i Subtract line 1f from line				0.	0.
j If there is an amount othe	er than zero on either		rganization file Form 4720		□Yes □No
		4-Year Averaging Period	•		
(Som		4- rear Averaging Period at made a section 501(h) 6		complete all of the five	
(low. See the separate ins			
	Lobb	ying Expenditures During	g 4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2 a Lobbying nontaxable amount	108,49	0. 55,769.	. 51,290.	41,958.	257,507.
b Lobbying ceiling amount (150% of line 2a, column (e))					386,261.
c Total lobbying expenditures	1,50	0.			1,500.
d Grassroots nontaxable amount	27,12	3. 13,942.	. 12,823.	10,490.	64,378.
e Grassroots ceiling amount (150% of line 2d, column (e))					96,567.
f Grassroots lobbying expenditures					0.
BAA				Schedu	le C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768		<u> </u>
	(a	1)	(1	b)	
(election under section 501(h)). In each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)3. b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year) art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A; lines h and 2, are answered "No," OR (b) Pa answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	Yes	No	Amount		
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
		-			
		_			
• •					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior y	ear?	3		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	, or se II-A, li	ection 50 ine 3, is)1(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year.		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		4			

Part IV | Supplemental Information

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

5 Taxable amount of lobbying and political expenditures. See instructions.....

BAA Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Modern Military Association of America 52-1845000 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?.. Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements...... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ightharpoonupDoes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Maintaining Cone	cuons of Art, fist	orical freasures, of	Other Similar Ass	els (Continu	ueu)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check a	ny of the following that n	nake significant use of its	collection	
a Public exhibition	d Loan	or exchange program			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization	s exempt purpose in		
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection	?	Yes	No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on	nents. Complete if t Form 990, Part X,	he organization an line 21.	swered 'Yes' on Fo	rm 990, Pa	rt IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?			er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII a	and complete the followi	ng table:			
				Amount	
c Beginning balance			1¢		
d Additions during the year			7		
e Distributions during the year			1 e		
f Ending balance			. 1f		
2a Did the organization include an amount on Fo			-		No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explar	nation has been provide	ed on Part XIII		
Part V Endowment Funds. Complete if	the organization an			<u>าe 10.</u>	
(a) Current	year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four yea	ırs back
1 a Beginning of year balance					
b Contributions		1			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	\(\) .				
f Administrative expenses	~				
g End of year balance					
2 Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment	%				
b Permanent endowment ►	i				
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should e	equal 100%.				
3 a Are there endowment funds not in the possession organization by:	of the organization that a	are held and administered	d for the	Yes	No
(i) Unrelated organizations				. 3a(i)	
(ii) Related organizations				. 3a(ii)	
b If 'Yes' on line 3a(ii), are the related organiza				. 3b	1
4 Describe in Part XIII the intended uses of the	•			<u> </u>	1
Part VI Land, Buildings, and Equipmen	-				
Complete if the organization ans		m 990, Part IV, line	e 11a. See Form 99	0, Part X, I	ine 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment		2,585.	517.	2	2,068.
e Other		23,400.	23,400.		0.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,			2	2,068.
DAA			Cahad	lula D /Earm 00	

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.	L'Voc' on Form 000	N/A	00 Dart V lina 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives	(B) Book value	(c) method of valuation. Cost of one of	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments – Program Related.		N/A	00 David V Jima 12
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
	(b) book value	(c) Method of Valdation. Cost of end-	or-year market value
(1)			
(2)			
<u>(3)</u> (4)			
(5)		1	
(6)			
(7)			
(8)			
(9)			
(10)	,6		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >			
Part IX Other Assets.	N/A		20 5 1 1 15
Complete if the organization answered	Scription), Part IV, line TTd. See Form 99	
(1)	SCIPUOII		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column (i	P) lino 15)	>	
Part X Other Liabilities.	b) iiile 13.)		
Complete if the organization answered 'Yes' on F	orm 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25.	
	iption of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			iability for uncertain
tax positions under FASB ASC 740. Check here if the text of the footnote has	s been provided in Part XIII		

Tiodorn militadi inobodiación di impira	1 1010000 131
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	1
c Other losses	1
d Other (Describe in Part XIII.)	1
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	

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

BAA Schedule D (Form 990) 2021

SCHEDULE L (Form 990)

(7)(8) (9) (10)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

2021

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Modern Military Association of America 52-1845000 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1) (2)(3)(4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during section 4958.... Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22, (c) Purpose of (b) Relationship with organization (d) Loan to or (e) Original incipal amou (a) Name of interested person (f) Balance due (a) In default? (h) Approved (i) Written organization? Yes No Yes No No (1) Anthony L Blev Exec. Dir Moving Exp 2,500 1,500 Χ Χ Χ (2)(3) (4) (5) (6) (7)(8) (9) (10)Total 1,500 Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (a) Name of interested (c) Amount of assistance (e) Purpose of assistance (d) Type of assistance (1) (2) (3) (4) (5) (6)

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

Schedule L (Form 990) 2021

52-1845000

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions

Supplemental Information

Formal request for a one pay period advance to assist with moving expenses was made by the Executive Director of the organization on October 30, 2019. The request was reviewed, discussed, and granted by the Board of Directors. Repayment began a few weeks later in accordance with the agreed-upon schedule. Employment terminated in 2020 and a balance remained on the advance; it is eventually reported resolved in a future tax year.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

52-1845000

Modern Military Association of America

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address

Form 990, Part VI, Line 11b - Form 990 Review Process

The Treasurer and President review the draft before presenting it to the Board at a Upon review and approval by the Board, the Treasurer signs the return or e-file authorization form.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Annual review is conducted by the Board President

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation is reviewed annually Advanced Education and Department of Labor inflation indices reviewed annually geographic location of employees factored into compensation, as well.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request

	Form 990-T		OMB No. 1545-0047	
		(and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning, 2021, and ending		2021
		► Go to www.irs.gov/Form990T for instructions and the latest information.		
Dep	partment of the Treasury ernal Revenue Service	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if	Check box if name changed and see instructions.)	D E	nployer identification number
В	Exempt under section			52-1845000
	X ₅₀₁ (c)(3)	or 1725 I Street NW, 300	E G	roup exemption number ee instructions)
	408(e) 220(Type Washington, DC 20006		
	408A 530		F	Check box if an amended return.
	529(a) 529A			
G		type > X 501(c) corporation 501(c) trust 401(a) trust Other trust		
Н	Check if filing only t			
ī	Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		▶
J	Enter the number of	attached Schedules A (Form 990-T).	>	2
K	During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	up?	▶ Yes X No
	If 'Yes,' enter the na	ame and identifying number of the parent corporation •		
L	The books are in care	of Male Allegretti 1725 I Street NW, 300 Washington DoTelephone number	2 0	2 328-3244
P	art I Total Unr	elated Business Taxable Income		
1		business taxable income computed from all unrelated trades or businesses (see	1	7,496.
2			2	
3			3	7,496.
4		utions (see instructions for limitation rules)	4	650.
5		siness taxable income before net operating losses. Subtract line 4 from line 3	5	6,846.
6		operating loss. See instructions.	6	
7	7 Total of unrelated Subtract line 6 fro	business taxable income before specific deduction and section 199A deduction. m line 5	7	6,846.
8		(generally \$1,000, but see instructions for exceptions).	8	1,000.
9		9A deduction. See instructions	9	2,000
10) Total deductions.	Add lines 8 and 9	10	1,000.
11		ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	11	5,846.
D				3,040.
				T
		able as corporations, Multiply Part I, line 11 by 21% (0.21)	1	1,228.
2		rust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)	2	
5	Proxy tax. See in		3	
2	-	s. See instructions	4	
_		um tax (trusts only)	5	
6	Tax on noncompl	ant facility income. See instructions	6	
7	7 Total. Add lines 3	through 6 to line 1 or 2, whichever applies	7	1,228.

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Par	t III	Tax and Payments						
1a	Forei	gn tax credit (corporations attach Form	1118; trusts attach Form 1116)	1a				
b	Other	credits (see instructions)		1b				
		ral business credit. Attach Form 3800	· ·	1c				
d	Credi	t for prior year minimum tax (attach Fo	orm 8801 or 8827)	1 d				
е	Total	credits. Add lines 1a through 1d				1e		0.
2	Subtr	act line 1e from Part II, line 7 <u></u>	<u></u>	. <u></u>		2		1,228.
3		amounts due. Check if from:		Form 8866				
		ther (attach statement)				3		
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if includes tax previous	ously deferred und	der			
		on 1294. Enter tax amount here		·		4		1,228.
5	Curre	nt net 965 tax liability paid from Form	965-A, Part II, column (k)			5		
	-	ents: A 2020 overpayment credited to						
		estimated tax payments. Check if sect		6b				
		leposited with Form 8868		6c				
		gn organizations: Tax paid or withheld		6d				
		up withholding (see instructions)		6e				
		t for small employer health insurance		6f	*			
y		credits, adjustments, and payments:	<u></u>					
7		orm 4136 Oth Oth		- 6g		7		•
7 8		nated tax penalty (see instructions). Ch			►X	7 8		0.
		, , , ,			<u> </u>	9		24.
9		lue. If line 7 is smaller than the total or			.	10		1,252.
10 11		payment. If line 7 is larger than the tot the amount of line 10 you want: Cred			Refunded >	11		
Par		Statements Regarding Certain		•	•		1,	<u> </u>
		y time during the 2021 calendar year, did cial account (bank, securities, or other) in a						Yes No
		t of Foreign Bank and Financial Accounts				FUIIII	114,	37
•		g the tax year, did the organization rec			anafarar ta	forcia	n truct2	X
2		es," see instructions for other forms the		e grantor or, or tra	ansieror to, a	ioreig	ii trustr.	X
,		the amount of tax-exempt interest rec			. .		_	
					ې		0.	
4		available pre-2018 NOL carryovers he	7	include any post-2		_		
		n on Schedule A (Form 990-T). Don't r						
5		2017 NOL carryovers. Enter available				e the a	mounts	
	show	n below by any NOL claimed on any S	chedule A, Part II, line 17 for the tax					
		Business Act	ivity Code	Available	post-2017 N	IOL car	ryover	
				\$				
				\$				
				\$				
				\$				
6a	Did th	ne organization change its method of a	accounting? (see instructions)					Х
		is 'Yes', has the organization describe					n in	
		V	•			· 		
Par	t V	Supplemental Information						
		e explanation required by Part IV, line	6h Also provide any other addition	al information Se	a instruction	<u> </u>		
1 100	nue in	e explanation required by Fart IV, line	ob. Also, provide any other addition	ai iiiioiiiiatioii. Se	e instruction	٥.		
		Under penalties of perjury, I declare that I have ex	camined this return, including accompanying sche	edules and statements, a	and to the best of	f my knov	wledge and	
Sigr	1	belief, it is true, correct, and complete. Declaratio		_		May the	IRS discuss this	
Here	е	Signature of officer		<u>l'reasurer</u> _{itle}			arer shown belo	w (see
		3					X Yes	s No
Paic	1	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTI	N	
Pre-		Elizabeth Quist	Elizabeth Quist		self-employed	PC	1269026	<u> </u>
pare	er	Firm's name Quist & Associ	ates LLC		Firm's EIN ►	27-4	516447	
Use		Firm's address ► PO Box 372						
Only	y	Occoquan, VA 2	22125		Phone no.	703	-597-13	70

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

Mo	odern Military Association of America		52-1845000				
C Un	related business activity code (see instructions) ► 453000			D Sequenc	e: 1	of 2	
E De	scribe the unrelated trade or business ► Sale of logo m	erch	andise				
Part	I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net	
1a	Gross receipts or sales 4,852.						
b	Less returns and allowances c Balance ►	1c	4,852.				
2	Cost of goods sold (Part III, line 8)	2	9,359,	/ .			
3	Gross profit. Subtract line 2 from line 1c	3	-4,507.			-4,507.	
4a	Capital gain net income (attach Sch D (Form 1041 or Form					•	
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
	instructions	4b					
С	Capital loss deduction for trusts	4c	5				
5	Income (loss) from a partnership or an S corporation (attach statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI).	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	-4,507.			-4,507.	
Part			· · · · · · · · · · · · · · · · · · ·	Deductions m	ust he		
· uit	connected with the unrelated business income				uot bo	- an ootiy	
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion.				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	12 Excess exempt expenses (Part VIII). 1						
	13 Excess readership costs (Part IX)						
14	Other deductions (attach statement).				14		
15	Total deductions. Add lines 1 through 14				15		
16	Unrelated business income before net operating loss deduct				1.0		
	line 13, column (C)				16	-4,507.	
17	Deduction for net operating loss. See instructions				17		
18	Unrelated business taxable income. Subtract line 17 from I	ine 16	<u> </u>	<u></u>	18	-4,507.	
BAA	For Paperwork Reduction Act Notice, see instructions.			Sche	edule A	(Form 990-T) 2021	

Part	III Cost of Goods Sold Enter method	of inventory valuation	ր ▶		
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statemen	•			
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to property pro	oduced or acquired for	resale) apply to the or	ganization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address	s, city, state, ZIP co	ode). Check if a dua	al-use. See instruct	ons.
	А П				
	в П			/ .	
	c 🗍			V /	
	D 🗌				
2	Rent received or accrued	Α	В	С	D
	From personal property (if the percentage of				
а	rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		5		
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property				
C	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns	A through D. Enter I	nere and on Part I, Iir	ne 6, column (A).	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	h D. Enter here an	d on Part I. line 6.	column (B)►	
Part			. ,		
1	Description of debt-financed property (street ac		7ID and a) Charle if	a dual usa Cas in	atri i atri a ma
'	Description of debt-financed property (Street ac	idress, city, state, z	ZIP code). Check II	a dual-use. See ms	structions.
	A _				
	B				
	C				
	D	Α	В	С	D
2	Gross income from or allocable to debt- financed property	A	В	C	<u> </u>
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D).				
4	Amount of average acquisition debt on or allocable				
5	to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	90	%	%
7	Gross income reportable. Multiply line 2 by line 6.	ত	<u> </u>	6	<u> </u>
8	Total gross income (add line 7, columns A through	D). Enter here and or	Part I, line 7, colum	n (A) ►	
9	Allocable deductions. Multiply line 3c by line 6	, Line here and the	a.c.i, iiiic 7, coidii	(7	
	<u> </u>	arough D. Enter have	and an Dart Line 7	column (D)	
10 11	Total allocable deductions. Add line 9, columns A to Total dividends-received deductions included				_

Part VI Interest, Annu	art VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)									
				Exempt Cont	rolled	Organizations	;			
organization identification incom number (see ins		income	3 Net unrelated income (loss) ee instructions) 4 Total of specific payments made		ified de	ied that is included in the controlling organization's gross income			reductions directly connected with come in column 5	
(1)										
(2)										
(1) (2) (3) (4)										
(4)										
		Nonexer	mpt Contro	lled Organization	S					
7 Taxable income	8 Net unrelated income (loss) (see instructions)		of specified nts made	included in	10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10		
(1)						_				
(2)										
(3)										
(4)					_<					
here and on Part I line 8, column (A) Totals								e and c	s 6 and 11. Enter on Part I, line 8, umn (B)	
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)										
1 Description of income	e 2 Amount	of income	direc	Deductions tly connected h statement)	(a	4 Set-asides ttach statemen	it)	se	al deductions and et-asides (add umns 3 and 4)	
(1)				<u> </u>						
(1) (2) (3) (4))						
(3)										
(4)	Add amounts	in column 2.					A	dd am	ounts in column 5	
Totals	Enter here ar line 9, co	nd on Part I, lumn (A)						Enter h	ere and on Part I, 9, column (B)	
Part VIII Exploited Exe	mpt Activity Incor	ne, Other	Than Ad	vertising Inco	me (see instruction	าร)			
1 Description of exploite	ed activity:									
2 Gross unrelated busin	ess income from tra	de or busin	ess. Ente	r here and on F	Part I.	line 10, col	(A)	2		
3 Expenses directly con							`			
Part I, line 10, column (B)								3		
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7								4		
5 Gross income from ac	5 Gross income from activity that is not unrelated business income							5		
6 Expenses attributable	6 Expenses attributable to income entered on line 5							6		
7 Excess exempt expen line 4. Enter here and	ses. Subtract line 5	from line 6	, but do n	ot enter more t	han th	ne amount o	n –	7		
BAA	,								(Form 990-T) 2021	

Par	rt IX	Advertising Income						
1	Na	ame(s) of periodical(s). Check box if reporting	g two or more perio	dicals on a co	onsolidated basi	S.		
	Α							
	В							
	С	<u> </u>						
	D							
	ter ar	nounts for each periodical listed above in the	· · ·			l D		
2	Gros	ss advertising income	A	В	С	U U		
а		columns A through D. Enter here and on Pa	ort I line 11 column	n (Δ)		•		
3		ct advertising costs by periodical		1 (/ y		·····		
			urt I lina 11 aalumr	(D)	<u> </u>			
		columns A through D. Enter here and on Pa	irt i, iirie i i , colurni	1 (B)				
4		ertising gain (loss). Subtract line 3 from line 2. any column in line 4 showing a gain, complete						
		5 5 through 8. For any column in line 4 showing						
	a los	ss or zero, do not complete lines 5 through 7,			/			
	and	enter zero on line 8						
5	Rea	dership costs						
6	Circ	ulation income						
7	line	ess readership costs. If line 6 is less than 5, subtract line 6 from line 5. If line 5 is than line 6, enter zero)				
8	dedi	ess readership costs allowed as a uction. For each column showing a gain on 4, enter the lesser of line 4 or line 7	CO					
а		line 8, columns A through D. Enter the grea			r zero here and			
Pai	rt X	Compensation of Officers, Directors,	and Trustees (see	instructions)				
		1 Name	2 Title	;	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
					0/0			
					0/0			
					0/0			
Tota	tal. Enter here and on Part II, line 1 ▶							
	t XI	Supplemental Information (see instruction						
· ui	, , (1	- Sapplemental information (see instruction	113)					

BAA Schedule A (Form 990-T) 2021

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

2021

OMB No. 1545-0047

ppen to Public Inspection for

Department of the Treasury Internal Revenue Service

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization B Employer identification number 52-1845000 Modern Military Association of America C Unrelated business activity code (see instructions) ► 541800 Sequence: of 2 E Describe the unrelated trade or business ► Advertising Income Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net **1a** Gross receipts or sales c Balance ► **b** Less returns and allowances 1c 8,500 Cost of goods sold (Part III, line 8)..... 2 3 Gross profit. Subtract line 2 from line 1c..... 8,500 8,500. 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a **b** Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b **c** Capital loss deduction for trusts..... 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Part IV)..... 7 Unrelated debt-financed income (Part V)..... Interest, annuities, royalties, and rents from a controlled 8 organization (Part VI)..... Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)..... 9 Exploited exempt activity income (Part VIII). <u> 10</u> 10 11 Advertising income (Part IX)..... 11 12 Other income (see instructions; attach statement) 12 Total. Combine lines 3 through 12. 13 13 8,500. 8,500. Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly Part II connected with the unrelated business income Compensation of officers, directors, and trustees (Part X)..... 1 391 Salaries and wages. 2 2 613. 3 Repairs and maintenance. 3 4 Bad debts..... 4 Interest (attach statement). See instructions..... Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions..... 7 8 9 Depletion..... 9 10 Contributions to deferred compensation plans..... 10 11 Employee benefit programs..... Excess exempt expenses (Part VIII)..... 12 12 13 Excess readership costs (Part IX) 13 Other deductions (attach statement)..... 14 14 Total deductions. Add lines 1 through 14..... 15 1,004. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C). 16 7,496.

BAA For Paperwork Reduction Act Notice, see instructions.

17

Schedule A (Form 990-T) 2021

7,496.

Part	III Cost of Goods Sold Enter method	of inventory valuation	ր ▶		
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statemen	•			
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to property pro	oduced or acquired for	resale) apply to the or	ganization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address	s, city, state, ZIP co	ode). Check if a dua	al-use. See instruct	ons.
	А П				
	в П			/ .	
	c 🗍			V /	
	D 🗌				
2	Rent received or accrued	Α	В	С	D
	From personal property (if the percentage of				
а	rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		5		
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property				
C	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns	A through D. Enter I	nere and on Part I, Iir	ne 6, column (A).	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	h D. Enter here an	d on Part I. line 6.	column (B)►	
Part			. ,		
1	Description of debt-financed property (street ac		7ID and a) Charle if	a dual usa Cas in	atri ati ana
'	Description of debt-financed property (Street ac	idress, city, state, z	ZIP code). Check II	a dual-use. See ms	structions.
	A _				
	B				
	C				
	D	Α	В	С	D
2	Gross income from or allocable to debt- financed property	A	В	C	<u> </u>
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D).				
4	Amount of average acquisition debt on or allocable				
5	to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	90	%	%
7	Gross income reportable. Multiply line 2 by line 6.	ত	<u> </u>	6	<u> </u>
8	Total gross income (add line 7, columns A through	D). Enter here and or	Part I, line 7, colum	n (A) ►	
9	Allocable deductions. Multiply line 3c by line 6	, Line here and the	a.c.i, iiiic 7, coidii	(7	
	<u> </u>	arough D. Enter have	and an Dart Line 7	column (D)	
10 11	Total allocable deductions. Add line 9, columns A to Total dividends-received deductions included				_

Part VI Interest, Annu	art VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)									
				Exempt Cont	rolled	Organizations	;			
organization identification incom number (see ins		income	3 Net unrelated income (loss) ee instructions) 4 Total of specific payments made		ified de	ied that is included in the controlling organization's gross income			reductions directly connected with come in column 5	
(1)										
(2)										
(1) (2) (3) (4)										
(4)										
		Nonexer	mpt Contro	lled Organization	S					
7 Taxable income	8 Net unrelated income (loss) (see instructions)		of specified nts made	included in	10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10		
(1)						_				
(2)										
(3)										
(4)					_<					
here and on Part I line 8, column (A) Totals								e and c	s 6 and 11. Enter on Part I, line 8, umn (B)	
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)										
1 Description of income	e 2 Amount	of income	direc	Deductions tly connected h statement)	(a	4 Set-asides ttach statemen	it)	se	al deductions and et-asides (add umns 3 and 4)	
(1)				<u> </u>						
(1) (2) (3) (4))						
(3)										
(4)	Add amounts	in column 2.					A	dd am	ounts in column 5	
Totals	Enter here ar line 9, co	nd on Part I, lumn (A)						Enter h	ere and on Part I, 9, column (B)	
Part VIII Exploited Exe	mpt Activity Incor	ne, Other	Than Ad	vertising Inco	me (see instruction	าร)			
1 Description of exploite	ed activity:									
2 Gross unrelated busin	ess income from tra	de or busin	ess. Ente	r here and on F	Part I.	line 10, col	(A)	2		
3 Expenses directly con							`			
Part I, line 10, column (B)								3		
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7								4		
5 Gross income from ac	5 Gross income from activity that is not unrelated business income							5		
6 Expenses attributable	6 Expenses attributable to income entered on line 5							6		
7 Excess exempt expen line 4. Enter here and	ses. Subtract line 5	from line 6	, but do n	ot enter more t	han th	ne amount o	n –	7		
BAA	,								(Form 990-T) 2021	

Par	t IX	Advertising Income				
1	N	ame(s) of periodical(s). Check box if reporting	g two or more perio	dicals on a co	onsolidated basi	S.
	Α	MMAA Quarterly Magazine				
	В					
	С	<u> </u>				
	D					
Ent	ter ar	nounts for each periodical listed above in the	e corresponding col	umn.		
	_		Α	В	С	D
2		ss advertising income	8,500.			
а	Add	columns A through D. Enter here and on Pa	art I, line 11, columi	n (A)		▶
3	Dire	ct advertising costs by periodical				
а	Add	columns A through D. Enter here and on Pa	art I, line 11, colum	n (B)		>
4		ertising gain (loss). Subtract line 3 from line 2.				
		any column in line 4 showing a gain, complete			- 1	
		5 through 8. For any column in line 4 showing				
		ss or zero, do not complete lines 5 through 7,			X	
		enter zero on line 8				
5	Rea	dership costs				
6	Circ	ulation income				
7	Exc line	ess readership costs. If line 6 is less than 5, subtract line 6 from line 5. If line 5 is				
	less	than line 6, enter zero				
8	ded	ess readership costs allowed as a uction. For each column showing a gain on 4, enter the lesser of line 4 or line 7				
а	Add	line 8, columns A through D. Enter the grea	ter of the line 8a, c	olumns total o	or zero here and	l on
		II, line 13				
Par	tΧ	Compensation of Officers, Directors,	and Trustees (see	instructions)		
		1 Name	2 Title	.	3 Percent of time devoted	4 Compensation attributable to unrelated business
					to business	
					%	
					٥/٥	
					%	
Tota	ıl. Fr	ter here and on Part II, line 1			% ►	
	t XI	Supplemental Information (see instruction				
	· / · ·	Cappicine in a mornia don (see instruction	JI ISJ			
		▼				

BAA Schedule A (Form **990-T**) 2021

Form **2220**

Underpayment of Estimated Tax by Corporations
► Attach to the corporation's tax return.

Employer identification number

52-1845000

Department of the Treasury Internal Revenue Service

Modern Military Association of America

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

OMB No. 1545-0123

owe	 Generally, the corporation is not required to file Form 2220 d and bill the corporation. However, the corporation may still 38, on the estimated tax penalty line of the corporation's 	use Fo	rm 2220 to figure the	penalt	y. If so, enter	the amour		
Pai	rt I Required Annual Payment							
1	Total tax (see instructions)						1	1,228.
28	Personal holding company tax (Schedule PH (Form 112 on line 1		•	2 a				
ŀ	b Look-back interest included on line 1 under section 460 long-term contracts or section 167(g) for depreciation u forecast method	nder th	he income	2 b				
(Credit for federal tax paid on fuels (see instructions)			2 c		•		
	d Total. Add lines 2a through 2c						2 d	
	Subtract line 2d from line 1. If the result is less than \$5 does not owe the penalty						3	1,228.
	Enter the tax shown on the corporation's 2020 income t zero or the tax year was for less than 12 months, skip this	line an	nd enter the amount	from lin	e 3 on line 5.		4	3,567.
	Required annual payment. Enter the smaller of line 3 of enter the amount from line 3				<u> </u>		5	1,228.
Pai	Reasons for Filing — Check the boxes to file Form 2220 even if it does not owe a	pelow pena	rthat apply. If a alty. See instruc	ny bo :tions.	xes are ch	ecked, 1	the corp	oration must
6	The corporation is using the adjusted seasonal insta	allmen	it method.					
7	The corporation is using the annualized income inst	tallmer	nt method.					
8	The corporation is a "large corporation" figuring its first	require	ed installment based	on the	prior year's ta	х.		
Pai	rt III Figuring the Underpayment	1)					
			(a)		(b)	(0	:)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	4/15/21	6	/15/21	9/1	5/21	12/15/21
	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	307.		307.		307.	307.
	column (a) only, enter the amount from line 11 on line 15. See instructions	11						
	going to the next column.							
	Enter amount, if any, from line 18 of the preceding column							
	Add lines 11 and 12	13			207		C1.4	001
14	Add amounts on lines 16 and 17 of the preceding column	14	0		307.		614.	921.
15 16	If the amount on line 15 is zero, subtract line 13 from	15	0.		0.		0.	0.
	line 14. Otherwise, enter -0	16			307.		614.	
17	10, subtract line 15 from line 10. Then go to line 12 of	17	207					207
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.	18	307.		307.		307.	307.

	rt IV Figuring the Penalty	CIACIOI	1 01	Allielica		32-184500	70 Faye 2
Fal	re iver Figuring the Fenalty			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the month after the close of the tax year, whichever earlier. (<i>C corporations with tax years ending J 30 and S corporations:</i> Use 3rd month. <i>Form 990-PF and Form 990-T filers:</i> Use month instead of 4th month.) See instructions.	r is lune h e 5th	9	5/15/22	5/15/22	5/15/22	5/15/22
20	Number of days from due date of installment on line 9 to the date shown on line 19	20	20	365		242	151
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021.	2	21	76	15		
22	Underpayment on line 17 Number of days on line 21 x 3	% (0.03)	2	1.92	0.38		
	Number of days on line 20 after 6/30/2021 and before 10/1/2021.		3	92	92	15	
24	Underpayment on line 17 Number of days on line 23 x 3	% (0.03)	24	2.32	2.32	0.38	
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022.			92	92	92	16
26	Underpayment x Number of days on line 17 Number of 365	% (0.03) 2 6	:6	2.32	2.32	2.32	0.40
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022		7	90	90	90	90
28	Underpayment x Number of days on line 17 x 365	% (0.03)		2.27	2.27	2.27	2.27
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022.		9	15	45	45	45
30	Underpayment on line 17 Number of days on line 29 365	*%	80				
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	3	1				
32	Underpayment on line 17	*%	2				
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023.	3	3				
34	Underpayment on line 17 Number of days on line 33 x 365	*% 34	4				
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023.		35				
36	Underpayment on line 17 Number of days on line 35 x 365	*%	6				
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	3:	7	8.83	7.29	4.97	2.67
38	Penalty. Add columns (a) through (d) of line 37. comparable line for other income tax returns						24.

^{*}Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

2021	Federal Statements	Page 1

Modern Military Association of America

52-1845000

Statement 1	
Form 990-T,	Part I, Line 4
Charitable C	Contributions

Charitable Contributions Income Percent Limit	•	18,296. 650.	
Allowed Charitable Contributions			\$ 650.

