			** PUBLIC DISCLOSURE Extended to November 1				
For	" 9	90	Return of Organization Exempt I	From I	ncome Tax	(itions)	OMB No. 1545-0047
			A. I I I I I I I I I I I I I I I I I I I				Open to Public
Depa	rtment al Rev	of the Treasury enue Service		-			Inspection
AF	or th	e 2021 calenda	ar year, or tax year beginning and	ending	and the second s		
Bca	heck il		organization		D Employer iden	tificatio	on number
	Addr chan	ge Amer	ica First Legal Foundation		0.5 0100	270	
	chan	ge 📔 Doing du	isiness as				
	Initia return Final		A fear fail for the second s				21
3	Jreturn termi ated	0-			Concession and the concession of the concession		5,388,442.
	Amer					return	
10.10							
	pend		as C above		10 D20203 01250 D31 02000000		
1 1	ax-e>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 527			
JV	Vebsi	ite: > http:	s://www.aflegal.org/	1.1172.1		100	
KF	orm o	f organization:	Corporation Trust Association Other 🕨	L Year o			
Pa	nrt 1	Summary					nan di anti di serie di Menar L'ana di Menar
Ð	1	Briefly describe	e the organization's mission or most significant activities: Provi	ide li	tigation t	0015	З,
Activities & Governance	Sec. 1	tactics	, resources & strategies to advance	ce pol	icy soluti	ons.	ə ,
erne	2	Check this box	if the organization discontinued its operations or disposed in the organization of	sed of more	than 25% of its net	assets	•
OV	З	Number of vot	ing members of the governing body (Part VI, line 1a)		•	3	7
8	4	Number of inde	ependent voting members of the governing body (Part VI, line 1b)		4	1	4
es	5	Total number of	Extended to November 15, 2022 Paturn of Organization Exempt From Internation Code (except private foundation) > Do not enter social security numbers on this form as it may be made public. > Construction of the security numbers on this form as it may be made public. > Construction of the security numbers on this form as it may be made public. > Construction of the security numbers on this form as it may be made public. > Construction of the security numbers on this form as it may be made public. > Stree (OF D. box if mails not delivered to street address) > Stree (OF D. box if mails not delivered to street address) > State or province. country, and ZIP or foreign postal code global of fore: Stephen Miller C above Diditional of the second of the		8		
iviti	6					3	0
Acti					7	а	0.
	b	Net unrelated b	pusiness taxable income from Form 990-T, Part I, line 11			b	0.
111	ан 1911 г. н.				Prior Year	1	Current Year
ē	8	Contributions a	and grants (Part VIII, line 1h)				6,388,442.
Revenue	9	Program servic	e revenue (Part VIII, line 2g)			-	0.
Sev	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)				0.
<i>a</i>	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)				6,388,442.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)				202,500.
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)			1 1	0.
es						1 2 2	948,231.
Expenses	16a	Professional fui	ndraising fees (Part IX, column (A), line 11e)			11	0.
xpe	b	Total fundraisin	g expenses (Part IX, column (D), line 25)	54.			<ul> <li>Second Control of Co</li></ul>
ш			s (Part IX, column (A), lines 11a-11d, 11f-24e)				999,692.
1	18	Total expenses	. Add lines 13-17 (must equal Part IX, column (A), line 25)				2,150,423.
	19	Revenue less e	xpenses. Subtract line 18 from line 12				4,238,019.
Net Assets or Fund Balances			A Construction of the second sec	Beg	ginning of Current Yea	r	End of Year
sset		Total assets (Pa					4,359,987.
at As		Total liabilities (				-	121,968.
N.	22	Net assets or fu	nd balances. Subtract line 21 from line 20				4,238,019.
	_	Signature		41.1	nto per la compositiva en la compositiv La compositiva en la c		
						my knov	wledge and belief, it is
true,	correc		Declaration of preparer (other than officer) is based on all information of whi	ich preparer l	has any knowledge.		
		Signature of	SELICALIST			2	
Sign	- ".ť				Date		
Here	•	Steph	en Miller, President		n i e prese si e cal brasilitat comm		
						· · · · · · ·	0.5.11
		Print/Type prepa			oncon		
Paid		Hemali K		1	1/15/22 "self-emp	loyed P	01337292
Prep	arer	Firm's name	Rogers & Company PLLC		Firm's EIN	. 58-	2676261
Use	Only	Firm's address	8300 Boone Boulevard, Suite 600		e e Constante e		
- 6Å		harris and	Vienna, VA 22182		Phone no. (		
May	the II	RS discuss this r	etum with the preparer shown above? See instructions				

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

	1990 (2021) America First Legal Foundation 86-2190372 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Provide litigation tools, tactics, resources & strategies to advance
	policy solutions.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
6	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,782,233. including grants of \$ 202,500.) (Revenue \$ )
Ha	To encourage, sponsor, and facilitate the cultivation and diffusion of
	knowledge and understanding of the law and individual rights, to
	promote the rule of law in the United States and to ensure due process
	and equal protection under the law for all Americans.
	Second Second
	. ( )
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses > 1,782,233.
-+0	Form 990 (2021)

P٩	n 990 (2021) America First Legal Foundation 86-2190372 Page rt III Statement of Program Service Accomplishments
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_	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
'	(code) (codenies 3 including grants of 3) (nevenue 3)
;	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
1	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

132002 12-09-21

F

# Form 990 (2021) America First Legal Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4		4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	9		a
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		4 1 1	
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	4	X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11 a	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	1 - 1 8 - 3 9 - 1	X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1.1	X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A. C. S.	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)? If "Yes," complete Schedule D, Part X	11f	X	1.20
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	223	1	* *
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	2.1.1	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1 1 1	
	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		x
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		x	
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	8 * 4 % 3 * * * *	X
	complete Schedule G, Part III	19	8 - 1 - 1 8 - 1 - 1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	8	X
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	2 * 1 +	$\vdash$
1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
32003	12-09-21	Form	990	(202

Form 990 (					Foundation
Part IV	Checklist of	<b>Required Sch</b>	edules (co	ntinued)	NUMBER OF STREET

## 86-2190372 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	· · ·	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		1.1.1	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		-	
	Schedule K. If "No," go to line 25a	24a	1	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1 1	
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	1 1	110
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	111	1	1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> . " <i>Yes</i> ," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	6		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	111	X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1.1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-32 ff "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	4	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		4	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	7 - 1 A - 1 - A	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	A .	_
-	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a20Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Č .	
	(gambling) winnings to prize winners?	1c	x	3

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Form 990 (2021)

Form	1990 (2021) America First Legal Foundation 86-2190	372	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	19 Mit The Contraction of All Annual Contraction of All Annual Contractions of All	1.5	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	311	1.1.1	1.1.
	filed for the calendar year ending with or within the year covered by this return 2a 8			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	X	1
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	0	a	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		· · · · ·
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		·	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country	1	6. ······	A
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	10 - 10 - 10	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	n	a
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		P	4
ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua	6	1
		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00	1 1	8.2 miles 9.1
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1.1	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year7d	10	1 1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	h	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		5.2
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	1. 1	9 10 - 10 - 10 - 10
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1.00	1.1.1	1.2.1
	sponsoring organization have excess business holdings at any time during the year?	8	. 1	5
9	Sponsoring organizations maintaining donor advised funds.	1	n	P. 5.55
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1 1	-
10	Section 501(c)(7) organizations. Enter:	1 1	5 1 1	1
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	. 1		
	Gross income from other sources. (Do not net amounts due or paid to other sources against		ŝ	
	amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1.1	2 8
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	10	a :
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.1		2 1 10 - 10
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
	Note: See the instructions for additional information the organization must report on Schedule O.	a a		(*
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	4	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	8 - X 8 - X	1
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			6 m 1
	excess parachute payment(s) during the year?	15	1	x
	If "Yes," see the instructions and file Form 4720, Schedule N.		¢ — 7	1 -
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.	1	$t = \frac{1}{2}$	\$
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		-
Hawar #	If "Yes," complete Form 6069.	* * 1. ma	à	i
132005	12-09-21 5	Form	990	(2021)

	m 990 (2021) America First Legal Foundation 86-2190 art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for			age <b>6</b> nse
	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			X
Se	ction A. Governing Body and Management	_		
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	4		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	<u>L</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1.1		
	of officers, directors, trustees, or key employees to a management company or other person?	3	1.00	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	A	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Receive A	X
6	Did the organization have members or stockholders?	6	125	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19		
	more members of the governing body?	-7a	÷	X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· · · · · · · · · · · · · · · · · · ·	1.00	
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1 2 1 2		2.
а	The governing body?	8a	Х	Ç.,
b		8b	4	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2	a	An 1944 1977 197
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1.	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	$\begin{smallmatrix} 1 & \dots & 0 \\ 0 & \dots & 0 \end{smallmatrix}$	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		1.1	8. se - 1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	9 - 1 4 - 3	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	8
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		4. S.	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	à
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	1 1200
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1.1		
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
15	Did the process for determining compensation of the following persons include a review and approval by independent	1 1 1	1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			10
	The organization's CEO, Executive Director, or top management official	15a	X	to a second
b	Other officers or key employees of the organization	15b	X	1.1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		. 1	
	taxable entity during the year?	16a	p	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	* 1	897 - 25 5	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1. 3		
1 I	exempt status with respect to such arrangements?	16b	p. 1. 1.	6
	tion C. Disclosure		n den de de la C	1993 Barlin (1997 Barlin) 1997 Barlin (1997 Barlin)
17	List the states with which a copy of this Form 990 is required to be filed DC, AL, AK, AZ, AR, CA, CO, CT, DE	,FL	, GA	,HI
18	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)	availa	ble
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Compass Professional, Inc 202-318-5050			
-	300 Independence Ave. SE , Washington, DC 20003			
132006	12-09-21 See Schedule O for full list of states	Form	<b>990</b> (	2021)
	6			

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Form 990 (		86-2190372	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest (	Compensated	1
1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	(1) States and American Sta American States and American States	1
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	g 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.

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

(A) Name and title	(B) Average hours per week	Dox	i, unie	Pos heck	erson	n is boi or/trus	in an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Gene Hamilton	40.00		2.1				2			
VP, General Counsel, Secretary	10.00	X	p = r	X		A.	D.	177,527.	0.	15,412.
(2) Matthew Whitaker	10.00			1	1ª	1	Ň	175 000	0	0
Director	40.00	X	-	14	19	1.1	1 .	175,000.	0.	0.
(3) Reed Rubinstein Lawyer	40.00	11	2TO	3	1	x		105,135.	0.	15,347.
(4) Stephen Miller	40.00	1	1	1.1	1		1.1	· · · · · · · · · · · · · · · · · · ·		
President		X	0	X	11	1.00	11	110,062.	0.	2,438.
(5) Russ Vought	1.00	1	1		1.1	1. 1.	0.0		<ul> <li>a construction construction of a co</li></ul>	Salar - Providence (March 1963)
Treasurer		X	2.1	X	1.1		1.1	0.	0.	0.
(6) Mark Meadows	1.00	11	11	2.1	5.1	1.1	1.1	· · · · · · · · · · · · · · · · · · ·	5	
Director	a second a second	Х		1		$\frac{1}{2}$		0.	0.	0.
(7) Ed Corrigan	1.00	11	A	11	1	1.1	1.1	1	1	*
Director	J	X	5.1	1.1		1.1	-	0.	0.	0.
(8) Wesley Denton Director	1.00	x		4 8. 5 .				0.	0.	0
										0.
				* * * * * *			14 - 14 14 - 14 14 - 14			<ul> <li>Barran Hamber Hamber</li> <li>Barran Hamber Hamber</li> <li>Barran Hamber</li> <li>Barran Hamber</li> <li>Barran Hamber</li> <li>Barran Hamber</li> </ul>
							* * * * * *			t in a second discontinue of the second seco
n Company of Manager (1997) and a set of the		100 × 1			4 - A 				A CLASS AND A CLAS	<ul> <li>A strategic large strategic large</li></ul>
an instanti la devinita " en 20 " en las contras", and appendiente en entre en la contras en la contras en e en en contras en las contras en entre entre entre entre entre entre entre entre entre entre			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1			
and provide the second se	-			1 - 2 2 2- 3	1. A		4 1 · · · · · · · · · · · · · · · · · ·			n an
					1					
<ul> <li>Beneficial States of States and State And States and States and</li></ul>	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	- 4 - 4				n an	e e e e e e e e e e e e e e e e e e e

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Form 990 (2021)

(A) Name and title	(B) Average hours per week	box	not ci	Posi heck ss per	more rson i	than o is boti pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim arnou oth	ated nt of							
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ey employee	sy employee	y employee	(ey employee	lighest compensated mployee	Highest compensated employee	Highest compensated employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)		comper from organiz and re organiz	the zation
y mana ana ang ang ang ang ang ang ang ang					-			8	t - set a success of a sec										
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			 	<u>)</u>			1	n i na seconda de la composición de la Recomposición de la composición de la co	0		1 8 (1) (2) (2) 8 (1) (2) (2) (2)								
			<u></u>		a a A a				71		1 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
		2 2 - 50 2	1 - 1 2 - 2 2 - 2	<u></u>	ж. н 1- н	<u>н</u>	-		a sector a constanta	1 		1							
			1 2 3 2 3 3 3 5 3 5	<u>.</u>	2 - 1 12 - 1	1 - 1 1 - 1	1 2 - 4 1 - 4	and the second	n an										
			3 - 2 10 - 1 1 - 1	л. ус.	1		2		j	- 1	8								
ander Barne et anna e an an an an anna Anna Anna Anna Anna An	· · · · · · · · · · · · · · · · · · ·				1	1.	1	>		-		andere hader							
1b Subtotal c Total from continuation sheets to Par	rt VII, Section A					-		567,724. 0.		0.	33,	197 0							
d Total (add lines 1b and 1c) 2 Total number of individuals (including b			1		·····			567,724. ceived more than \$100		0.	33,	197							
compensation from the organization		-	1					u u a la campa a compania isla 1			Ye	s No							
3 Did the organization list any former offi line 1a? If "Yes," complete Schedule J f			-	•	-		-				3	x							
4 For any individual listed on line 1a, is th and related organizations greater than s	e sum of reportab	le co	mpe	ensa	ation	and	oth	er compensation from t	he organization		4 X								
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," c	or accrue comper	nsati	on f	rom	any	unre					5	x							
Section B. Independent Contractors	omplete Scheduk	e 0 10	51 50		Jers	011				*.	5								
<ol> <li>Complete this table for your five highest the organization. Report compensation</li> </ol>										pensa	ation from	l 							
(A) Name and busin	and a second s	1					11.10 B	(B) Description of s		Co	(C) ompensat	tion							
Mitchell Law PLLC, 111 Suite 400, Austin, TX 7		Av	ren	nue	2,		r	egal	1		305,	062							
lacker Stephens LLP, 10 South, Suite 250, Austi	n, TX 787			Rđ	ι.			egal			134,	528							
Compass Professional, I Independence Ave., SE,		ı,	DC	2	200	003		Accounting, 1 Media	Payroll,		117,	859							
Borryale, see				-		•		, All landscapes and the second s	alger and a										
									A										
2 Total number of independent contractor							1	in and the statement of the statement											

Form 990 (2021)

nrt V		relation analysis to the second second		86-2190	372 Page
5 5	Check if Schedule O contains a response or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax under sections 512 - 5
1 a 1 a 6 6 7	a Federated campaigns1a				k . mensedana
L I	Membership dues 1b		1 × * * * * *		
	Fundraising events 1c				
	d Related organizations 1d		1 1 1 1 1 1 1	1	
	e Government grants (contributions) 1e				
f	All other contributions, gifts, grants, and		1 2 3 4 4		
i.	similar amounts not included above 1f 6, 388, 442.				4 - 12 - 18 - 18 - 18 2
ç	Noncash contributions included in lines 1a-1f 1g \$		· · · · · · · · · · · · · · · · · · ·	1	1
ŀ		5,388,442.	n	· · · · · · · · · · · · · · · · · · ·	il an
* · ·	Business Code		No. Second Contract &		
2 a				( ) · · · :	14
b			a la la	M.	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
6		· · · · · · · · · · · · · · · · · · ·		1	,
c			1 m 2	4	2
e			: ( N		to the second
f	All other program service revenue				
<u>c</u>	Total. Add lines 2a-2f	4 )	1 Manual 1	<ul> <li>a static production of the left</li> <li>b static production of the left</li> </ul>	<ul> <li>W. S. C. S. C. S. C. S. S.</li></ul>
3	Investment income (including dividends, interest, and	and the second sec	and the second second	-	a series de la mainte
	other similar amounts)	ų.			
4	Income from investment of tax-exempt bond proceeds	110	2	*	
5	Royalties				
4	(i) Real (ii) Personal	6.	<ul> <li>A second sec second second sec</li></ul>	1	
6 a	Gross rents 6a	$\cup$	1		
	Less: rental expenses 6b	9			
	Rental income or (loss) 6c	AN	x	a and the product of a	A
	Net rental income or (loss)		110.10		122.2.2.2
7 a	Gross amount from sales of (i) Securities (ii) Other		1		
	assets other than inventory 7a				,
b	Less: cost or other basis			1	
	and sales expenses7b				
C	Gain or (loss) 7c		A short of particular and particular and the second s	<ul> <li>A second s</li></ul>	a
	Net gain or (loss)		<ul> <li>Provide the second secon</li></ul>	<ul> <li>a del transmissione del producto del la construcción de l</li></ul>	A
oa	including \$ of				
	contributions reported on line 1c). See		a second		
	Part IV, line 18 8a				
ь	Less: direct expenses 8b				
	Net income or (loss) from fundraising events	and the second	· · · · · · · · · · · · · · · · · · ·	B	8 pr
	Gross income from gaming activities. See	and the second se	• • • • • • • • • • • • • • • • • • •	1	4
	Part IV, line 19				
ь	Less: direct expenses 9b				
	Net income or (loss) from gaming activities		1		
	Gross sales of inventory, less returns	endersk en in sjon en ste		Received and the second	1
	and allowances 10a				
b	Less: cost of goods sold 10b	-	In the second second		
	Net income or (loss) from sales of inventory	na in the second s		8	- 
215	Business Code				10 m · · · · · · · · · · · · · · · · · ·
11 a	and the second				
b	A MATTER AND	en e		4. S. M.	
c					
	All other revenue			1.5 	h
	Total. Add lines 11a-11d	a Second of the second	*		<ul> <li>Resident Transport Software</li> <li>Software</li> </ul>
12	Total revenue. See instructions	,388,442.	0.	0.	

### Form 990 (2021) America First Legal Foundation

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	Check if Schedule O contains a response				L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	202 500	202 500	an in the second provide with a and the second	
1	and domestic governments. See Part IV, line 21	202,500.	202,500.		Contract and provide a second state of the
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			A Contraction Contraction Contract A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
3	Grants and other assistance to foreign	the second section of the second			
	organizations, foreign governments, and foreign		5 mm - 1	e e e	
	individuals. See Part IV, lines 15 and 16	The second s	1		
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	<ul> <li>Republic</li> <li>Republic&lt;</li></ul>
5	Compensation of current officers, directors,	299 124	225,906.	44,973.	17,245
	trustees, and key employees	288,124.	445,900.	44,373.	17,245
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)	175,000.	137,210.	27,316.	10 474
-		187,686.	147,156.	29,296.	10,474
7	Other salaries and wages Pension plan accruals and contributions (include	107,000.	147,100.	45,450.	TT, 274
8		51,722.	40,553.	8,073.	3 096
•	section 401(k) and 403(b) employer contributions)	39,079.		6,100.	3,096
9	Other employee benefits	209,255.	30,640.		12,526
10	Payroll taxes	209,255.	164,067.	32,662.	12,520
11	Fees for services (nonemployees):				
	Management	580,996.	E77 020	2 210	017
	Legal		577,939.	2,210.	847
	Accounting	16,000.	4	16,000.	
	Lobbying	78,592.	and a second	and the second	70 500
	Professional fundraising services. See Part IV, line 17	10,092.			78,592.
f	Investment management fees			A. C	
g	Other. (If line 11g amount exceeds 10% of line 25,	116 024	00 640		17 104
	column (A), amount, list line 11g expenses on Sch 0.)	116,834.	99,640. 44,532.	2 426	17,194.
12	Advertising and promotion	9,404.	7,374.	3,426.	20,553.
13	Office expenses	47,471.	42,580.	3,535.	561. 1,356.
14	Information technology	4/,4/1.	42,500.	3,555.	1,350.
15	Royalties	18,000.	14,113.	2,810.	1 077
16	Occupancy	5,749.	4,508.	897.	1,077.
17	Travel	5,149.	4,508.	097.	344.
18	Payments of travel or entertainment expenses		n in ghi shaan		
1	for any federal, state, or local public officials	449.	352.	70.	27.
19	Conferences, conventions, and meetings	449.	552.	/0.	47.
20	Interest			A	
21	Payments to affiliates			1	
22	Depreciation, depletion, and amortization	42,935.	33,663.	6,702.	2,570.
23	Insurance	44,900.		0,104.	4,570.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If	the second second			
	line 24e amount exceeds 10% of line 25, column (A).				
3	amount, list line 24e expenses on Schedule O.) Dues and subscriptions	12,116.	9,500.	1,891.	725.
a	Dues and subscriptions	12,110.	9,500.	1,091.	125.
b	the second s	<ul> <li>A second device the second device of t</li></ul>		A A A A A A A A A A A A A A A A A A A	n Al 1 - Algebra - Al Agramada
c					and the second sec
d					
	All other expenses	2 150 422	1 702 222	107 /20	180,760.
25	Total functional expenses. Add lines 1 through 24e	2,150,423.	1,782,233.	187,430.	100,700.
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 Fight following SOP 98-2 (ASC 958-720)	· · · · · · · · ·			

132010 12-09-21

Form 990 (2021)

# Form 990 (2021) America First Legal Foundation Part X | Balance Sheet

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2 S 3 P 4 A 5 La tr cc 6 La ur 7 Na 8 In 9 Pr 10a La ba ba 11 In 12 In	Cash - non-interest-bearing         Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         Notes and loans receivable, net         nventories for sale or use         Prepaid expenses and deferred charges         and, buildings, and equipment: cost or other         passis. Complete Part VI of Schedule D         10a         nvestments - publicly traded securities	0.	2	(B) End of year 1,886,973 2,473,014
2 S 3 P 4 A 5 La tr cc 6 La ur 7 Na 8 In 9 Pr 10a La ba ba 11 In 12 In	Savings and temporary cash investments		2 3 4 5 6 7 8	and the second sec
3 P 4 A 5 L 6 L 9 Pr 10a L ba ba 11 In 12 In	Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from any current or former officer, director,         trustee, key employee, creator or founder, substantial contributor, or 35%         controlled entity or family member of any of these persons         Loans and other receivables from other disqualified persons (as defined         under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         Notes and loans receivable, net         nventories for sale or use         Prepaid expenses and deferred charges         _and, buildings, and equipment: cost or other         passis. Complete Part VI of Schedule D        lob         nvestments - publicly traded securities	0.	3 4 5 6 7 8	2,473,014
3 P 4 A 5 L 6 L 9 Pr 10a L ba ba 11 In 12 In	Pledges and grants receivable, net         Accounts receivable, net         Loans and other receivables from any current or former officer, director,         trustee, key employee, creator or founder, substantial contributor, or 35%         controlled entity or family member of any of these persons         Loans and other receivables from other disqualified persons (as defined         under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         Notes and loans receivable, net         nventories for sale or use         Prepaid expenses and deferred charges         _and, buildings, and equipment: cost or other         passis. Complete Part VI of Schedule D        lob         nvestments - publicly traded securities	0.	4 5 6 7 8	2,473,014
4 A 5 Lu tri cc 6 Lu 0 7 Nu 8 In 9 Pr 10a La ba ba 11 In 12 In	Accounts receivable, net		5 6 7 8	
5 La tri ca 6 La ur 7 Nr 8 In 9 Pr 10a La ba b La 11 In 12 In	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net nventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation nvestments - publicly traded securities		6 7 8	
6 La 7 N 8 In 9 Pr 10a La ba b La 11 In 12 In	controlled entity or family member of any of these persons         Loans and other receivables from other disqualified persons (as defined         under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         Notes and loans receivable, net         nventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         pasis. Complete Part VI of Schedule D         Less: accumulated depreciation         nvestments - publicly traded securities		6 7 8	
6 La 7 N 8 In 9 Pr 10a La ba b La 11 In 12 In	controlled entity or family member of any of these persons         Loans and other receivables from other disqualified persons (as defined         under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         Notes and loans receivable, net         nventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         pasis. Complete Part VI of Schedule D         Less: accumulated depreciation         nvestments - publicly traded securities		6 7 8	
6 Lo ur 7 No 8 In 9 Pr 10a La ba b Le 11 In 12 In	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         Notes and loans receivable, net         nventories for sale or use         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         pasis. Complete Part VI of Schedule D         Less: accumulated depreciation         nvestments - publicly traded securities		7	
ur 7 Na 8 In 9 Pr 10a La ba 10 La 11 In 12 In	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         Notes and loans receivable, net         nventories for sale or use         Prepaid expenses and deferred charges        and, buildings, and equipment: cost or other         pasis. Complete Part VI of Schedule D        ess: accumulated depreciation         nvestments - publicly traded securities		7	
7 Na 8 In 9 Pr 10a La ba b La 11 In 12 In	Notes and loans receivable, net         nventories for sale or use         Prepaid expenses and deferred charges         _and, buildings, and equipment: cost or other         pasis. Complete Part VI of Schedule D         _ess: accumulated depreciation         nvestments - publicly traded securities		7	7
8 in 9 Pr 10a La ba b Le 11 in 12 in	nventories for sale or use         Prepaid expenses and deferred charges         _and, buildings, and equipment: cost or other         pasis. Complete Part VI of Schedule D         _ess: accumulated depreciation         nvestments - publicly traded securities		8	
9 Pr 10a La ba 11 In 12 In	Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Less: accumulated depreciation         nvestments - publicly traded securities			
10a La ba b Le 11 In 12 In	Land, buildings, and equipment: cost or other     10a       basis. Complete Part VI of Schedule D     10a       Less: accumulated depreciation     10b       Investments - publicly traded securities     10b	6		
ba b Le 11 In 12 In	basis. Complete Part VI of Schedule D     10a       Less: accumulated depreciation     10b       nvestments - publicly traded securities     10b		¢-	
b Le 11 in 12 in	Less: accumulated depreciation 10b			
11 In 12 In	nvestments - publicly traded securities		10c	
12 In		1. 1.	11	
	nvestments - other securities. See Part IV, line 11		12	
	nvestments - program-related. See Part IV, line 11		13	
	ntangible assets		14	
15 Ot	Dther assets. See Part IV, line 11		15	
	Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	4,359,987
	Accounts payable and accrued expenses	0.		121,968
	Grants payable		18	
	Deferred revenue		19	
	ax-exempt bond liabilities		20	-1 me
21 Es	scrow or custodial account liability. Complete Part IV of Schedule D	5 · · · · · · · · ·	21	
35-1741 P	oans and other payables to any current or former officer, director,	for an and the second s		
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ustee, key employee, creator or founder, substantial contributor, or 35%			
	ontrolled entity or family member of any of these persons	n an	22	
	ecured mortgages and notes payable to unrelated third parties		23	
	Insecured notes and loans payable to unrelated third parties		24	
	ther liabilities (including federal income tax, payables to related third	1. T		4 ···
pa	arties, and other liabilities not included on lines 17-24). Complete Part X			
	f Schedule D	an a	25	and the second s
26 To	otal liabilities. Add lines 17 through 25	0.	26	121,968
	rganizations that follow FASB ASC 958, check here 🕨 🗴	applaated proceedings of the second secon		and a second
	nd complete lines 27, 28, 32, and 33.			
	et assets without donor restrictions	0.	27	1,765,005
28 Net	et assets with donor restrictions	0.	28	2,473,014
	rganizations that do not follow FASB ASC 958, check here 🕨 🗌	a second to be	1 1 1	
	nd complete lines 29 through 33.			
	apital stock or trust principal, or current funds		29	
	aid-in or capital surplus, or land, building, or equipment fund	1	30	
	etained earnings, endowment, accumulated income, or other funds		31	
	otal net assets or fund balances	0.	32	4,238,019
33 Tot	stal liabilities and net assets/fund balances	0.	33	4,359,987

Form 990 (2021)

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Par	990 (2021) America First Legal Foundation	86-21	90372	Pa	ge <b>1</b> 2
	t XI Reconciliation of Net Assets		and the strate of		
	Check if Schedule O contains a response or note to any line in this Part XI	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,38	8,4	42
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,15		
	Revenue less expenses. Subtract line 2 from line 1	3	4,23		
1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0
	Net unrealized gains (losses) on investments	5			
;	Donated services and use of facilities	6			-
	Investment expenses	7			
	Prior period adjustments	8			
	Other changes in net assets or fund balances (explain on Schedule O)	9			0
1	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,23	8,0	19
art	XII Financial Statements and Reporting				11 1919
	Check if Schedule O contains a response or note to any line in this Part XII				
12		K		Yes	No
A	ccounting method used to prepare the Form 990: 🔲 Cash 🛛 🛣 Accrual 🔲 Other		B-	4.5.5	10 - 24 S K
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	e O.			
	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	· · · ·	e	¥
	eparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
w	/ere the organization's financial statements audited by an independent accountant?		2b	x	
	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.		1.1	1.1.1
	onsolidated basis, or both:				
E	X Separate basis Consolidated basis Both consolidated and separate basis				
lf	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.	1.1		
	view, or compilation of its financial statements and selection of an independent accountant?		2c		х
	the organization changed either its oversight process or selection process during the tax year, explain on Sci		·		
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	t and OMB Circular A-133?	•	3a		х
	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		·		
	audits, explain why on Schedule O and describe any steps taken to undergo such audits				
or			3h I		
or		and an	Sorm S	290 (	202

ú

(Form 990) Department of the Treasury Internal Revenue Service	Complete if th	on 501(c)(3) organiz pt charitable trust. 90 or Form 990-EZ.			
Name of the organization	10 × 10 × 10	( p.:	and a management of		loyer identification num
Dent I Decem for	America Fin	rst Legal Fou	ndation		86-2190372
Part I Reason for The organization is not a priv		atus. (All organizations r			a la se parte
1       A church, conver         2       A school describe         3       A hospital or a co         4       A medical research         5       An organization of         section 170(b)(1)       6         6       A federal, state, or         7       X         9       An organization th         section 170(b)(1)       6         8       A community trust         9       An agricultural reserver         or university:	ation of churches, or ass add in section 170(b)(1)( operative hospital servi th organization operated perated for the benefit of (A)(iv). (Complete Part II clocal government or go at normally receives a s A)(vi). (Complete Part II described in section 11 earch organization desc on-land-grant college of the normally receives (1) r its exempt functions, su ed business taxable inc (2). (Complete Part III.) anized and operated ex- anized and operated ex- orted organizations desc of that describes the typ- ing organization operate anization(s) the power to must complete Part IV, ng organization supervis- ment of the supporting of u must complete Part IV, ng organization supervis- ment of the supporting of u must complete Part IV, ng organization supervis- nization(s) (see instruction onally integrated. A suppor hization(s). You must c e organization received ed, or Type III non-funct rted organizations	sociation of churches des A)(ii). (Attach Schedule E ce organization described d in conjunction with a ho of a college or university of II.) overnmental unit describe ubstantial part of its supp .) 70(b)(1)(A)(vi). (Complete ribed in section 170(b)(1) agriculture (see instruction more than 33 1/3% of its subject to certain exception ome (less section 511 tax clusively to test for public clusively to test for public clusively to test for public clusively for the benefit of oribed in section 509(á)(1) be of supporting organization d, supervised, or controlled to regularly appoint or elect , Sections A and B. sed or controlled in conne organization vested in the IV, Sections A and C. ting organization operate opporting organization operate opporting organization operate porting organization operate omplete Part IV, Section a written determination fr tionally integrated suppor	cribed in section 170 (Form 990).) In section 170(b)(1) spital described in section 170(b)(1) spital described in section 170(b)(1) ort from a governme Part II.) (A)(ix) operated in cons). Enter the name, upport from contribu- is; and (2) no more the from businesses action to perform the function or section 509(a)(2) ion and complete line d by its supported on t a majority of the direction with its support same persons that of the in connection with, Part IV, Sections A erated in connection re is A and D, and Part form the IRS that it is ting organization.	A(A)(ii). (A)(iii). (A)(iii). (a) (a)(iii). (a) (a)(a)(a)(a)(iii). Er (a) governmental unit des (A)(v). Intal unit or from the gener (A)(v). Intal unit or from the g	cribed in aral public described in ant college ege or and gross receipts from rt from gross investmer in after June 30, 1975. The purposes of one or Check the box on by giving supporting aving pported ared with, ization(s) tiveness
		a stand and the stand	1 1 1 1 1	an an broad	
	1 00 01.1 4.4444000 0 				
n de la companya					
and the second		a provide provide the first of			
	· · · ·				
			9 /		

		merica Fi					372 Page 2
Pa	art II Support Schedule for						
	(Complete only if you checked				on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part	III.)			
Se	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			(0) = 0 + 0	(4)====	(-)	(1) 1000
	membership fees received. (Do not						
	include any "unusual grants.")					6,388,442.	6,388,442.
~	Tax revenues levied for the organ-			· · · ·			
~	ization's benefit and either paid to		1	1		1	
	or expended on its behalf						
		· · · · · ·				a	
3	The value of services or facilities	$J \rightarrow 0$					
	furnished by a governmental unit to		e	·		.g	
	the organization without charge	-				· · · · · · · · · · · · · · · · · · ·	6.000.110
	Total. Add lines 1 through 3			-	4	6,388,442.	6,388,442.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		1 ×			)	
	supported organization) included				C		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		form the state				
	column (f)		a a construction of the second		Same		2,669,462.
	Public support. Subtract line 5 from line 4.			and the second s	No.	· · · · · · · · · · · · · · · · · · ·	3,718,980.
Se	ction B. Total Support	and the second			3		to the second description
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		1	and the second	1	6,388,442.	6,388,442.
8	Gross income from interest,		1	and the	· · · · · · ·		
	dividends, payments received on		2				
	securities loans, rents, royalties,		Stand Stand	All the second s	** D == 0	1 AC1-32A	
	and income from similar sources		1 Car	1	1 1 3	1. T 1	· · · · · · · · · · · · · · · ·
9	Net income from unrelated business	and the second s	and the second sec		8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	activities, whether or not the		Cal	and the second			
	business is regularly carried on		and a second	1	1 8	1 2	1
10	Other income. Do not include gain	-	1		1	2 P	and the second se
	or loss from the sale of capital		Sector and the sector of the s	· · · ·	g and a set of the	e esta esta de la compañía de	
	assets (Explain in Part VI.)		A		1 8	1 2	
11	Total support. Add lines 7 through 10	( )	the state of the s		1 · · · · · ·	1	6,388,442.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section	501(c)(3)	a ga sa Marana
	organization, check this box and stop	here					<b>X</b>
Se	ction C. Computation of Publ	ic Support Pe		والحابق البرانسيوماتينا وسيوار المهدل	to to the		
	Public support percentage for 2021 (			column (f)		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the c						k and
	stop here. The organization qualifies						
Ŀ	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17=	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
ŀ	10% -facts-and-circumstances tes	•			•		
	more, and if the organization meets th						
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio						
		and not oneon a	200 011 110 10, 10				Form 990) 2021

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Sch	nedule A (Form 990) 2021 A	merica Fi	rst Lega	l Foundati	on	86-219	0372 Page 3
Pa	art III Support Schedule for (			•		×	and a second and
	(Complete only if you checked	the box on line 10	0 of Part I or if the	organization failed	I to qualify under	Part II. If the organi	ization fails to
	qualify under the tests listed b	elow, please com	plete Part II.)		a second and	a the second s	
Se	ction A. Public Support	August 1997		n a la companya da serie da s Esta da serie	Contraction of the second		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and		Procession and the second	1		1	····
	membership fees received. (Do not		1	1			
	include any "unusual grants.")	ke se	Same	Anter contraction	a superior and a second as a		a
2	Gross receipts from admissions,	B tand decomposition of a logical state of the l	4	Contraction and the	· energy of 127	1 . 1 I	al sugar success
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	4 N		*		* · · · · · · · · · · · · · · · · · · ·	Real Providence
	are not an unrelated trade or bus-	a shian ng	× 9.2	<ol> <li>10.055 at</li> </ol>	1	1	
	iness under section 513	2		· · · · · · · · · · · · · · ·	2 2 2 1 2 2 2 2 2	and a second	Ever an internet
4	Tax revenues levied for the organ-	and the second sec	Provide Contraction	1	1	5.2	1
	ization's benefit and either paid to			1. Carlor to	1		
	or expended on its behalf		• · · · · · · · · · · · · ·	i		9.	8 m - 1
5	The value of services or facilities	New Content of the second s	e in real en estadour en el	the granted of	and the second	-	
	furnished by a governmental unit to	383 - S. I.	58 K J 2 K	generative in A		N	34
	the organization without charge	And a state of the second second second second	a	· · · · · · · · · · · · · · · · · · ·	H	·	and the second se
6	Total. Add lines 1 through 5			1	all and the second	1	
7a	Amounts included on lines 1, 2, and	4-9-10-10-10-10-10-10-10-10-10-10-10-10-10-		and the second second	And the second s	<ul> <li>A contract processing on the contract of the second se second second sec</li></ul>	An an an an an an an an Arraight An an an Arraight
	3 received from disqualified persons	8	en l'en anno 100	· · · · · · · · · · · · · · · · · · ·	0	1 8	
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	An ann an	1 in it is i	1			
с	Add lines 7a and 7b	a and a second	4		11.00.001	<ul> <li>A second s</li></ul>	- 19
	Public support. (Subtract line 7c from line 6.)	1	6 1	1919.		2.2	3 ****
	tion B. Total Support			ALS .			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		101		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	2	÷
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		Jane				
	Unrelated business taxable income	1 1	8 - 1	1 5 . 4	· · · · · · · · · · · · · · · · · · ·	All shows the second	1
	(less section 511 taxes) from businesses	()	E same apart	20.000	. 1012		3
	acquired after June 30, 1975		a and a substrate to the	A summer of the second			
C	Add lines 10a and 10b	1	and a second second and		5. A. S. A.	1	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			) 7 ~ 3122 ⁴ - χ Γ ^{ια} γ ₄ -			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	n service a service of the service o	4				
	Total support. (Add lines 9, 10c, 11, and 12.)			and the second sec			1
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here	-				-	
Seci	tion C. Computation of Publi						
15	Public support percentage for 2021 (li	ne 8, column (f), d	ivided by line 13,	column (f))		15	9
	Public support percentage from 2020					16	9
	tion D. Computation of Inves				. <u>S. 11</u>	1	
	nvestment income percentage for 202					17	9
	nvestment income percentage from 2					18	9
	33 1/3% support tests - 2021. If the						
	nore than 33 1/3%, check this box an						
	<b>33 1/3% support tests - 2020.</b> If the c						and
	ine 18 is not more than 33 1/3%, chec	•					
	Private foundation. If the organization						

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Schedule A (Form 990) 2021

		86-219	037	2 Pa	age 4
Pa	Int 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.)				
Sec	ction A. All Supporting Organizations	Careford States and		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			165	NU
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	· · · ·	1	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 <b>Part VI</b> how the organization determined that the supported	5 E			
	organization was described in section 509(a)(1) or (2).		2		
30	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		-	1.11.11	1 -
Ja	lines 3b and 3c below.	1	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		1	1.1	-
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			8	
	organization made the determination.		3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			1	$\delta < \tau$
Ū	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		3c		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	-			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		74		2
2	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		
•	Did the organization support any foreign supported organization that does not have an IRS determination	1		1 1 m	1.1
č	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,"		10	2	1.1
u	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	1			
	was accomplished (such as by amendment to the organizing document).	1.1	5a		
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	1			-
-	designated in the organization's organizing document?		5ь		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?		5c		
š	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		-	· ·	1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class				
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also				
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in				
	Part VI.		6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		-		8.1
	(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		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			r - 9	+ /
	If "Yes," complete Part I of Schedule L (Form 990).		8		
	Was the organization controlled directly or indirectly at any time during the tax year by one or more		-	e	1.1
	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		
	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.		9Ь		
	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	ъ. –			-
	from, assets in which the supporting organization also had an interest? If "Yes, " provide detail in <b>Part VI.</b>		9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section	¥	-		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
	supporting organizations)? If "Yes," answer line 10b below.		0a		
	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.)		оы		

Part IV         Supporting Organizations (continued)           11         Has the organization accepted a gift or contribution from any of the following persons?         a A parson who directly or indirectly controls, either above or together with persons desorbed on lines 11 b and 11 to below, the governing body of a supported organization?         11           b A family member of a person desorbed on line 11 a above?         A 35% controlled entity of a person desorbed on line 11 a above?         111           c A 35% controlled entity of a person desorbed on line 11 a above?         Yes it line 11a, 11b, or 11c, provide detail in Part V.         111           Section B. Type I Supporting Organizations         Yes         No.         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 last at anking the supported organization?         Yes         No.           2         Did the organization above the supporting organization?         Yes it line organization?         Yes         No.           3         apporting Organization         The yes above the supporting organization?         Yes         No.           2         Did the organization's dimension or mutees due to darganization or that as the supporting organization?         Yes         No.           2         Did the organization's dine dinters or mutees due to darganization is the su	S	chedule A (Form 990) 2021 America First Legal Foundation 8	6-219	0372	Page 5
11       Has the organization accepted a gift or contribution from any of the following persons?         a A person who directly or information control with anon or together with persons described on lines 11 b and 11 to below, the governing body of a supported organization?       11 to 11 to 11 to 11 to 21		Part IV   Supporting Organizations (continued)			
<ul> <li>a A person who directly or indirectly controls, either above or logatize with persons described on lines 11b and 11b band 11b ba</li></ul>			_	Ye	s No
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b A family member of a person described on line 11a above?! <b>11</b> c A 35% controlled entity of a person described on line 11a or 11b above?!! "Yes" to line 11a, 11b, or 11c, provide             detail in Part VI. <b>11</b> Section B. Type I Supporting Organizations               Yes No               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 above the power to regulary appoint or elect at least an apicity of the organization is an one supported             organization dust conditions or supported             organization appoint and/or memore upfores doing material systement             detaining organization appoint or elect at least a majority of the organization is an one             supported organization and what conditions or supported             organization appoint and/or memore upfores             detaining organization applied to sup ported             organization             detaining organization             detaining organization             detaining organization             detaining organization             detaining organization             supported             organization             detaining             detaining organization             detaining             described		a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
c A 35% controlled entity of a person described on line 11 a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide detail in Pert V. Section B, Type I Supporting Organizations Yes No more supported organizations have 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 of the source of the supported organization of the organization organization of the organization organization organization of the organization orga		11c below, the governing body of a supported organization?		1a	1. 1. 1.
detail in Part V.       11c         Section 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 majorty of the organization of officers, directors, or nucless at all times during the tax year /// 1 ^{No} , 'describe in Part VI how the supported organization(s) of organization, describe how the power to regularly appoint or elect at least a majorty of the organization of officers, directors, or curstees at all times during the tax year.         2 Did the organization gorated, supported, or controlled the supported organization(s) that operated, supported organizations. (J res., 'explain in Part VI how providing such benefit camed out the purposes of the supported organization (s) that operated, supported organizations.       Yes. No.         2 Section C. Type II Supporting Organizations       Yes. No.         1 Were a majority of the organization's directors or trustees during the tax year also a majory of the directors or management of the supporting Organizations.       Yes. No.         1 Did the organization supported organizations, by the last day of the fifth month of the organization or fifther organization or supported organization or supported organizations.       Yes. No.         2 Were any of the organization supported organizations, by the last day of the fifth month of the organization provide to each of the supported organization?       Yes. No.         1 Did the organization provide to each of the supported organization?       Yes. No.         2 Werea word of		b A family member of a person described on line 11a above?	-1	1b	11112
Section B. Type I Supporting Organizations  I 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 follows, difficers, directors, or trustees at at lines during the tay warf // ¹ No, ¹ describe in <b>Par V</b> how the supported organization, describe how the supported organization and main the powers to governmentations, if any, applied to such powers during the tax year.  2 Did the organization operated, supervised, or controlled the supporting organization of the the support of the providing such the purposes of the support of organization () that operated, supervised, or controlled the supporting organization () that operated, supervised, or controlled the supporting organization () the purposes of the support of organization set with pow control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organizations.  1 Did the organization provide to each of the supported organization ()? If No, "describe in Par V in Now control or management of the organization, supported organization ()? If No, "describe in Par V in Now control or management of the organization, organization, supported organization, supported organization, supported organization, support of organization, support of organization, supported organization, supported organization, support of organization, supported organization, supported organization, support of the support of the support of the organization support of the organization support of organization, supported organization, supported organization, supported organization, support of the organization support of organization support of the organization support of organization, supporte		c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		1.1	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 of officers, directors, or trustees at all times during the tax year // 1 ¹ /N ² , discribe in Per VI how the supported organizations of more supported organizations and what conditions or restrictions, if any papelof to such than one supported organization and what conditions or restrictions, if any, papelof to such than one supported organization operate for the benefit or any supported organization of ther than the supported organization operate for the benefit or any supported organization of the tax year. 2 Did the organization operate for the benefit or any supported organization (1) ¹ Yes, "esplain in Pert VI how providing such benefit carried out the purposes of the supported organization(s) that operated. 3 Section C. Type II Supporting Organizations      Section C. Type II Supporting organization     Yes in the support of 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 Pert VI how control or management of the supporting organizations.      Yes No     To kit the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organizations.     Yes No     Trustees of each of the supporting Organizations, by the last day of the fifth month of the organization's function, are the day of purposided organization's tax year, (i) a copy of the Form 900 that was most recently filed as of the dasi do of the fifth month of the organization's functions, or trustees efficient, to the supported organization's (i) or escribe and in directing the use of the organization's (i) or escribe on the adverting the use of the organization's (i) or escribe on the adverting the use of the organiza			· 1	1c	1
<ol> <li>Did the governing body, members of the governing body, offices exting in their official capacity, or membershop of one or more supported organizations have the power to regularit apport or elect at least an applity of the organization of officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part N how the supported organizations and more than one supported organizations and more or servicines, if an optimum of the argin argin of the argin argin argin of the organization and more or servicines, if an optimum of the argin argin argin of the organization and more or servicines, if an y supported organization and more supported organizations and what conditions or servicines, if any supported organization and that conditions or servicines, if any supported organization and what conditions or servicines, if any supported organization(s) that operated, supported, supported, organization and what conditions or servicines, if any supported organization(s) that operated, supported, or controlled the supported organization(s) that operated, supported, or controlled the supported organization of the organization's supported organizations and the supported organization and supported organizations and the supported organization and supported organizations and the supported organization and the support of organizations and the support</li></ol>	Se	ection B. Type I Supporting Organizations			
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effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint ad/or merve offices, directs, or trustees were allocated among the supported organization, generated, supervised, or controlled the supporting organization other than the support in advance of the support of organization of the trans the support of organization of the support of organization of the support of organization of the trans the support of organization of the support of organization is support of organization of the support of the organization of the support of organization of the suppor			cers,	1.1	
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among he supported organizations or restrictions, if any, applied to supported organization the tax year.       1         2       Did the organization operate for the benefit of any support of organization of the supported organization of the supported organization.       2         3       Bott how providing such benefit carried out the purposes of the supported organization (b) that operated, supervised, or controlled the supporting organization.       2         5       Section C. Type II Supporting Organizations       Yes         1       Were a majority of the organization's supported organization(b)? If 'No, ' describe in Part VI how control or management of the supporting organizations was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the organization's supported organizations, by the last day of the fifth month of the organization softwar, directors, or trustees and any other supported organizations and (b) copies of the organization's down of the organization softwar, directors, or trustees and any other version in Part VI how the organization mantened a close and continuods wing relationship with the supported organization's aversity in a down organization?       Yes       No         1       Did the organization and (b) copies of the organization share and continuods wing relationship westeen text way any on the organization and (b) copies of the organization is and continuods wing relationship with the supported organizations have a significant vole in the organiza			orted		1
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organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in     Part VI how providing such banefit carried out the purposes of the supported organization(s) that operated,     supervised, or controlled the supporting Organizations     Section C. Type II Supporting Organizations     Yes No     or management of the supporting organization was vested in the same persons that controlled or managed     the supported organization(s).     Section D. All Type III Supporting Organizations     Yes No     organization is tax year, () a written notice describing the type and anyotic of supported organization(s).     Yes No     organization and the supporting organization was vested in the same persons that controlled or managed     the organization is tax year, () a written notice describing the type and anyotin of support to roulded during the prior tax     year, (i) a copy of the Form 990 that was most recently filed ge's () the date of notification, and (ii) copies of the     organization's officers, of trustees either () appointed or elected by the supported     organization's officers, or trustees either () appointed or elected by the supported     organization's officers, or trustees either () appointed or elected by the supported     organization's officers, or trustees either () appointed or elected by the supported     organization's officers, or trustees either () appointed or elected by the support of     organization's directors or trustees either () appointed organization's     income or assets at all times during the tax year? If "Ys," explain in Part VI how     the organization's functionally integrated Supporting Organizations     supported organization's suppor		supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1	1.
Part W how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization.       2         Section C. Type II Supporting Organizations       Yes       No         1 Were a majority 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)? If 'No.' describe in Part VI how control or management of the supporting Organizations, by the last day of the fifth month of the organization provide to each of its supported organizations that year, (i) a written notice describing the type and angoint of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the viganization's governing documents in effect on the date of notification, and (iii) copies of the organization's governing of the organization's provided organization's provided?       Yes       No         2 Were any of the organization's infectors, or truefees either (i) appointed or ganization's provide?       Yes       No         3 By reason of the relationship described on line 2), abbye, did the organization's supported organization's investment policies and in directing the use of the organization's as a significant volce in the organization is restrict policies and in directing the use of the organization's as usported organization's have an significant was most recently field the organization's supported organization's apported organization's supported organization's apported organization supported organizatio	2	Did the organization operate for the benefit of any supported organization other than the supported			· · · · · · · · · · · · · · · · · · ·
Supervised, or controlled the supporting organization.     Section C. Type II Supporting Organizations     Vers 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 anagement of the supporting organization was vested in the same persons that controlled or managed     the supported organization(s).     Section D. All Type III Supporting Organizations     py the last day of the fifth month of the     organization provide to each of its supported organizations, by the last day of the fifth month of the     organization's tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the     organization's dorwening documents in effect on the date of hotfication, to the extent not previously provided?     Were any of the organization's officers, directors, or trustees either (i) apported organization(s),     Setton TE. Type III Functionally Integrated Supporting Organizations     income or assets at all times during the lay ead? If "Yes," describe in Part VI how     the organization supported organization's investment policies and in directing the use of the organization's     income or assets at all times during the lay ead? If "Yes," describe in Part VI the role the organization's     isupported organizations played in this agand.     Supported organizations and continuous working relationship with the insegent TE st during the yea(see instructions).     To check the bor method Type fire organization used to satisfy the Integral Part Test during the yea(see instructions).     To check the bor method the draganization was responsive IV there organization's     income or assets at all times during the lay eading the tax year directly further the exempt purposes of     the supported organization is supported organization's involvementat     the organization was responsive to those suppo		organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
Section C. Type II Supporting Organizations       Yes       No.         1       Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controled or managed the supported organization(s).       Yes       No.         Section D. All Type III Supporting Organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and angoint of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's of the rom 900 that was most recently filed as of the date of notification, and (iii) copies of the organization's insetment policies and in directing the use of the organization's lincome or assets at all times during the fax year? If 'Yes,' escribe in Part VI the role the organization's supported organization's supported organization's supported organization supported organizations as used or this supported organization. Scorplete line 3 below.       3         1       Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea/see instructions).       3         2       The organization supported organizations. Complete line 3 below.       2       2a		Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
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 was vested in the same persons that controlled or managed the supported organizations.       1         2       Did the organization provide to each of its supported organizations by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 990 that was most recently field as 0 the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization si officers, directors, or trustees either (i) appointed organization's income or saests at all times during the yea? If "Yes," describe in Part VI theory the organization's income or saests at all times during the yea? If "Yes," describe in Part VI theore the organization's income or saests at all times during the yea? If "Yes," describe in Part VI theore the organization's income or saests at all times during the yea? If "Yes," describe in Part VI theore the organization's supported organization supported organization is upported organization supported organization is upported to the supported organization supported organization supported organization supported organization and the bar was to the melling the fifthe organization used to satisfy the Integral Part Test during the yea/see instructions).       2         3       1       1       1       1       1       1         1       1       1       1       1       1       1       1	1000	supervised, or controlled the supporting organization.		2	1 2 1
<ol> <li>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 Per VI how control or managed the supported organization was vested in the same persons that controlled or managed the support of organization (s).</li> <li>Section D. All Type III Supporting Organizations. by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and anount of support provided during the prior tax year, (i) a written notice describing the type and anount of support provided forming the prior tax year, (i) a written notice describing the type and anount of support provided form the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's governing on the governing body of a supported organization' If 'No." explain in Part VI how the organization's investment policies and in directing the supported organization's support of organization's investment policies and in directing the support organization's isomether to the granted the fifth more the organization's support organization is myestment policies and in directing the support organization's support of organizations investment policies and in directing the support organization's support of organizations is westment policies and in directing the support organization's support of organizations.</li> <li>By reason of the relationship described on line 2, above, did the organizations.</li> <li>Check the box next to the method theff the organization such of subsystem organizations. Complete line 3 below.</li> <li>The organization subsheld the Activities Test. Complete line 2 below.</li> <li>Check the box next to the method theff the organization as subported organization such of a subsystem organization. Sucontel substantially all of its activities dincity furthered t</li></ol>	Se	ction C. Type II Supporting Organizations			
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).  Section D. All Type III Supporting Organizations  I Did the organization provide to each of its supported organizations, by the last day of the fifth month of the     organization's tax year, (i) a written notice describing the type and anount of support provided during the prior tax     year, (i) a copy of the Form 990 that was most recently field as 0 the date of notification, and (iii) copies of the     organization's governing documents in effect on the date of notification, the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported     organization (ii) eaving on the governing body of a supported organization? If "No," explain in Part VI how     the organization maintained a close and continuods working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported 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 investment policies and in directing the use of the organization's     supported organizations and year? If "Yes," describe in Part VI the role the organization's     supported organizations assets at all times 2 and 2b below. C C The organization satisfied the Activities Test. Complete line 2 below. C C The organization satisfied the fits organization was responsive? If "Yes," then in Part VI identify     those supported organization's activities during the tax year directly furthered their exempt purposes of     the supported organization's supported organization, and one theorganization's involvement,     one ormore of the organization's supported organization, and how the				Ye	s No
or management of the supporting organization was vested in the same persons that controlled or managed     the supported organization(s).     Section D. All Type III Supporting Organizations     Ves No     organization provide to each of its supported organizations, by the last day of the fifth month of the     organization's tax year, (i) a written notice describing the type and apount of support provided during the prior tax     year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the     organization's governing documents in effect on the date of notification, and (iii) copies of the     organization's of the organization's officers, directors, or trustees either (i) appointed organizations)     Were any of the organization's officers, directors, or the supported organizations and explain in Part VI how     the organization maintained a close and continuous working relationship with the supported organization's     income or assets at all times during the tax yea? // 1'Yes," describe in Part VI the role the organization's     income or assets at all times during the tax yea? // 1'Yes," describe in Part VI there are the organization's     income or assets at all times during the tax yea? // 1'Yes," describe in Part VI how you supported a governmental entity.     Cection E. Type III Functionally Integrated Supporting Organizations     a	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
the supported organization(s).       1         Section D. All Type III Supporting Organizations       Yes No.         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?       1         2       Were any of the organization's officers, directors, or trustees either (i) appointed organization(s) or (i) serving on the governing body of a supported organization's invorted organization maintained a close and continuous working relationship with the supported organization (s) or (i) serving on the governing body of a supported organization's supported organization assets at all times during the tax yea? If 'Yes,' describe in Part VI how the organizations played in this regard.       2         3       By reason of the relationship with the supported organization's income or sasets at all times during the tax yea? If 'Yes,' describe in Part VI he role the organization's supported organizations played in this regard.       3         3       Check the box next to the method ther dravities Test. Complete line 2 below.       3         4       The organization satisfied the Activities Test. Complete line 2 below.       4         5       The organization satisfied the Activities Test. Complete line 2 below.       5         6       The organization's activities during the tax year directly further the exempt purposes of the supported organization's		or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
Section D. All Type III Supporting Organizations       Yes         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?         2       Were any of the organization's officers, directors, or trustees either (i) appointed organization's provided during the prior tax year, (ii) a copy of the organization's officers, or trustees either (i) appointed organization's provided?         2       Were any of the organization's officers, or trustees either (i) appointed organization's provided?         2       Were any of the organization's officers, or trustees either (i) appointed organization's investment policies and in directing the use of the organization's supported organization's income or assets at all times during the tax yea? If 'Yes,' describe in Part VI the role the organization's usported organization is investment policies and in directing the use of the organization's supported organization satisfied the Activities Test. Complete line 2 below.         1       Check the box next to the method that the organization used to satisfy the Integral Part VI the volus usported a governmental entity. Cescribe in Part VI how you supported organizations.         2       The organization is activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes, how the organization's activities during the sativities constitute activities that, but for the organization's		or management of the supporting organization was vested in the same persons that controlled or managed			
1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and anount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as 01 the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?         2       Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (i) serving on the governing body of a supported organization? If 'No," explain in Part VI how the organizations working relationship with the supported organization(s).       2         3       By reason of the relationship described on line 2, above, did the organization's supported organizations investment policies and in directing the use of the organization's supported organizations played in this regard.         2       Image: Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).         1       Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).         2       Image: Check the box next to the method that the organization used to satisfy the Integral Part VI how you supported a governmental entity (see instructions).         3       The organization subported a governmental entity (see instructions).         4       The organization's activities during the tax year directly further the exempt purposes of the supoported organization's activities during the ix year d	-			1.1	i barre
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Schedule A (Form 990) 2021

Pa	nedule A (Form 990) 2021 America First Legal Four art V   Type III Non-Functionally Integrated 509(a)(3) Supporting	org	anizations	5-2190372 P
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		art VI). See instructi
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	11		
2	Recoveries of prior-year distributions	2		N. An and the second s
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		a a grant and a set of set and	(c)
	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	alerta a	e.
ect	ion B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	171		l : an an an an an an an an
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	· · · · · · · · · · · · · · · · · · ·	
b	Average monthly cash balances	1b		· · · · · · · · · · · · · · · · · · ·
с	Fair market value of other non-exempt-use assets	1c	Summer 25	and a second second second
d	Total (add lines 1a, 1b, and 1c)	10	Sec. Sec.	
e	Discount claimed for blockage or other factors	1	.)	and a second
	(explain in detail in Part VI):	Contra la		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	1	n bei die der Kraussennen im
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		
3	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
11	Adjusted net income for prior year (from Section A, line 8, column A)	1	A Construction of the Cons	
11	Enter 0.85 of line 1.	2		
1.3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		N STREET
122	Enter greater of line 2 or line 3.	4	an a	
5	Income tax imposed in prior year	5	A 100 1 10 10 10 10 10 10 10 10 10 10 10	Start Concerning and the
5	Distributable Amount. Subtract line 5 from line 4, unless subject to		<ul> <li>C. S. S. S. Series and S. S.</li></ul>	S. Constant Street
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 America First Legal Foundation

86-2190372 Page 7

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued	
iect	ion D - Distributions	Provide and a second second	Britsen and	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	and a second	E C
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
_	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	5
7	Total annual distributions. Add lines 1 through 6.		7	1
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2021 from Section C, line 6		9	) 1
0	Line 8 amount divided by line 9 amount		10	) - [] -
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6	2	· · · · · · · · · · · · · · · · · · ·	1
2	Underdistributions, if any, for years prior to 2021 (reason-	1	par la	<ul> <li>For the second se</li></ul>
	able cause required - explain in Part VI). See instructions.	al an ann an ga seal an		te d'an encourse a
3	Excess distributions carryover, if any, to 2021	1		
а	From 2016		Rounder	Y RANGER AND AND AND A
b	From 2017	and the second s	All and a second second	1.4
с	From 2018		1	1
	From 2019		and the second se	
	From 2020	and the second s		
1	Total of lines 3a through 3e	Para Di		n an
	Applied to underdistributions of prior years			
_	Applied to 2021 distributable amount	and the second second		
- i -	Carryover from 2016 not applied (see instructions)	M. C.		2
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			J. S.
4	Distributions for 2021 from Section D,	N. Contraction of the second s	a contra a series a s	8 1
	line 7: \$	2	a commencia engli	
а	Applied to underdistributions of prior years	1 · · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O	x A
b	Applied to 2021 distributable amount		A second s	* 4
С	Remainder. Subtract lines 4a and 4b from line 4.	Rectance in the	1	<ul> <li>M. A. M. S. M. M.</li></ul>
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	a san an an an an a		All a group service
	than zero, explain in Part VI. See instructions.	A concernance of	a i china anti a caga	A REPORT OF ALL AND A
6	Remaining underdistributions for 2021. Subtract lines 3h	a de la companya de la		A Commence and a commence of the
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	a a construction of the second s	· · · · · · · · ·	* *
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.	8 m m	I and a provide the behavior and appendix	A Barrison Company
8	Breakdown of line 7:	*	<ul> <li>The Strength and Strength and Strength</li> <li>The Strength and Strength and Strength</li> </ul>	
а	Excess from 2017		4	
b	Excess from 2018			
C	Excess from 2019		<ul> <li>A list for all list contradigings and in</li> </ul>	
d	Excess from 2020			1 x
	Excess from 2021			2 - 2 - C - C - C - C - C - C - C - C -

Schedule A (Form 990) 2021

Supplemental Int Part IV, Section A, line ine 1; Part IV, Section	ormation. Provide 1, 2, 3b, 3c, 4b, 4c	e the explana	tions requir	ed by Part II, line	10; Part II, line 17	a or 17b; Part III, line 12:
Section D, lines 5, 6, al	D, lines 2 and 3; Par nd 8; and Part V, Sec	t IV, Section tion E, lines	o, 9c, 11a, 1 E, lines 1c, 1 2, 5, and 6.	1b, and 11c; Parl 2a, 2b, 3a, and 3b Also complete th	t IV, Section B, lin ; Part V, line 1; Pa is part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V litional information.
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#### ** PUBLIC DISCLOSURE COPY **

## Schedule B (Form 990) Schedule of Contributors OMB No. 1545-0047 Department of the Treasury Internal Revenue Service Maximum Service OMB No. 1545-0047 Name of the organization Employer identification number

 America First Legal Foundation
 86-2190372

 Organization type (check one):
 Filers of:
 Section:

 Form 990 or 990-EZ
 X
 501(c)( 3 ) (enter number) organization

 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 527 political organization

 Form 990-PF
 501(c)(3) exempt private foundation

 4947(a)(1) nonexempt charitable trust treated as a private foundation

 501(c)(3) exempt private foundation

 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

K 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.

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Dent	ca First Legal Foundation			Employer identification nu
Part	Contributors (see instructions). Use duplicate copies of Part I in	additional	4 91902 (c.	86-2190372
(a) No.	(b)	additional space	e is needed.	
	Name, address, and ZIP + 4		(c)	(d)
1		T	otal contributions	Type of contributi
				Person X
	April 10 March 201			Pavroll
		\$	140,000	). Noncash
				(Complete Part II for
(a)				noncash contributions
No.	(b) Name, address, and ZIP + 4		(c)	Autor
2	200, and ZIP + 4	То	tal contributions	(d) Type of contributio
			A MARINE AND A MAR	
				Person X
		\$	100,000	Payroll
				Noncash     Complete Part II for
(a)		- Carrier		noncash contributions.
No.	(b)	1		
1.4.4.4	Name, address, and ZIP + 4	Tota	(c) al contributions	(d)
3			a conta ibutions	Type of contribution
		1		Person X
			<u> </u>	Payroll
	A CONTRACT OF A CONTRACT.	\$	5,000.	Noncash
				(Complete Part II for
(a)	(b)	Maria Company	energy and the first sector of the	noncash contributions.)
No.	Name, address, and ZIP + 4	1	(c)	(d)
4		Total	contributions	Type of contribution
<u> </u>	P			
1		-		Person X
	1. 1	\$	5,000.	Payroll Noncash
1				(Complete Part II for
		-		noncash contributions.)
a) Io.	(b)	1	(c)	1
<i>x</i> , <i>x</i>	Name, address, and ZIP + 4	Total o	(c) contributions	(d)
5				Type of contribution
		_		Person X
				Payroll
		_ \$	25,000.	Noncash
				(Complete Part II for
e			· · · · · ·	noncash contributions.)
No. and	(b) Name, address, and ZIP + 4		(c)	(d)
c	, _uu cos, anu zr + 4	Total co	ontributions	Type of contribution
<u>6</u>				
		•		Person X
		\$	20,000.	Payroll Noncash
13.				Complete Part II for
11-11-21	(a) State is a subscripting to subscripting the state of the subscripting of the subscripting the subscri	a anno anno anno anno anno anno anno an		noncash contributions.)

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)	and the second		Page 2
Name of organization			Employer identification n	
Ameri	ca First Legal Foundation		86-2190372	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed			and the other states	- St. Sheerer 1
(a)	(b)	(c)	(d)	

No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	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
8 		\$	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
 		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP 3.4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
<u>    12                                </u>	Name, address, and ZIP + 4		Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
123452 11-11-21	23		Schedule B (Form 990) (2021)

	B (Form 990) (2021) rganization	and the second	Pag Employer identification number
Amerio	ca First Legal Foundation		86-2190372
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	and the constraint probability of the constraint
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
13		\$25,0	Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
14		\$5,0	00.     Person     X       Payroll     D     D       Noncash     D     D       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$75,00	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
_16		\$5,00	Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
17		\$10,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
18		\$5,00	Person       X         Payroll

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Schedule	в	(Form	990)	(2021)
Ochicadic	-		550,	12021

Name of organization

Page 2

### America First Legal Foundation

86-2190372

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$50,000.	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
20		\$5,000.	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
21		\$5,000.	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
22		\$10,000.	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
23		\$5,000.	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
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B	(Form 990)	(2021)
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Name of organization

Page 2

Employer identification number

### America First Legal Foundation

86-2190372

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	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
26		\$	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
27		\$5,000.	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
28		\$5,000.	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
29		\$15,000.	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
30	21	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)	Page 2	
Name of organization	Employer identification number	
America First Legal Foundation	86-2190372	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$2,675,000.	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
32		\$\$	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
33		\$100,000.	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
34		\$10,000.	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
35		\$5,000.	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
36		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)	Page 2
Name of organization	Employer identification number
America First Legal Foundation	86-2190372

## America First Legal Foundation

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$200,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$	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
39		\$50,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$10,000.	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
41		\$5,000.	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
42	-21	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021

	3 (Form 990) (2021) rganization	and the second s	Page Page Page Page Page Page Page Page
Part I	ca First Legal Foundation Contributors (see instructions). Use duplicate copies of Part I if addition	al space is peeded	86-2190372
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contributior
43		\$25,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
44		\$	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
45		\$250,00	Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2021) ganization		Pa Employer identification num
			06 0100070
nerio	ca First Legal Foundation	<ul> <li>Statistical and the second statistical second s</li></ul>	86-2190372
art II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	i te fa
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how restrictions of gift         No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how restrictions of restrictions of restriction of restrictions of restriction restriction restrictions of restrictions of restrict	
If II       Exclusively religious, chartable, etc., contributions to organizations described in section 501c(27), (8), or (10) that total more from any one contributor. Complete columns, chartable, etc., contributions 61,000 or less for the year, (But blainb, etc.) > \$	190372
No. rt i     (b) Purpose of gift     (c) Use of gift     (d) Description of hor       (e) Transfer of gift     (e) Transfer of gift     (f) Transfer of gift       (b) Purpose of gift     (c) Use of gift     (f) Description of how       (b) Purpose of gift     (c) Use of gift     (g) Description of how       (e) Transfer of gift     (g) Description of how     (g) Description of how       (e) Transfer of gift     (g) Description of how     (g) Description of how       (e) Transfer of gift     (g) Description of how     (g) Description of how       (e) Transfer of gift     (g) Description of how     (g) Description of how       (h) Purpose of gift     (c) Use of gift     (g) Description of how       (h) Purpose of gift     (c) Use of gift     (g) Description of how       (h) Purpose of gift     (c) Use of gift     (g) Description of how       (h) Purpose of gift     (c) Use of gift     (g) Description of how       (h) Purpose of gift     (c) Use of gift     (g) Description of how       (h) Purpose of gift     (c) Use of gift     (g) Description of how       (h) Purpose of gift     (c) Use of gift     (g) Description of how	e than \$1,000 for
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Transferee's name, address, and ZIP + 4       Relationship of transferor to transferor t	w gift is held
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n     (b) Purpose of gift     (c) Use of gift     (d) Description of how	
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Iransferee's name, address, and ZIP + 4 Relationship of transferor to transferee's name, address, and ZIP + 4	and the second second
	feree

(F	SCHEDULE D Form 990) epartment of the Treasury ternal Revenue Service	► Complete if the operation of the oper	tal Financial Stateme organization answered "Yes" on Form 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o ▶ Attach to Form 990. n990 for instructions and the latest int	990, r 12b.		OMB No. 1545-0047 <b>2021</b> Open to Public Inspection
	ame of the organization	on			Employe	r identification number
Г	Part I Organiza	America First Leg ations Maintaining Donor Advi		nde or (		86-2190372
Ľ		answered "Yes" on Form 990, Part IV,		nus or P	Accounts.	Complete if the
_			(a) Donor advised funds		b) Funds an	d other accounts
1	Total number at en	d of year		8 9		
2		contributions to (during year)				
3		grants from (during year)		· · · · · · · · · · · · · · · · · · ·		
4	Aggregate value at	end of year	and the second at part of a second	1		
5		n inform all donors and donor advisors in				
6		's property, subject to the organization' n inform all grantees, donors, and donor				Yes No
		ses and not for the benefit of the donor				
		e benefit?			ing i	Yes No
Pa	art II Conserva	tion Easements. Complete if the or	rganization answered "Yes" on Form 990	, Part IV, I	ine 7.	
1		rvation easements held by the organization		and the second	1	
		of land for public use (for example, recrea	ation or education)	of a histori	cally importa	ant land area
	Protection of r		Preservation of	of a certifie	ed historic st	ructure
•	Preservation o	•	(Leneral)			
2	day of the tax year.	rough 2d if the organization held a quali	fied conservation contribution in the form	n of a cons		sement on the last the End of the Tax Year
а		servation easements		F	2a	LIC LIN OF LIC TAX TEAT
b		ted by conservation easements			2b	
c	Number of conservat	ion easements on a certified historic stru	ucture included in (a)		20	a constant of the second s
d	Number of conservat	ion easements included in (c) acquired a	after 7/25/06, and not on a historic struct			
	listed in the National I	Register	<u> </u>	2	d	
3		ion easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiza	tion during t	he tax
	year					
4		ere property subject to conservation easily the particular the par				
5		have a written policy regarding the period ement of the conservation easements it l			5	Yes No
6		urs devoted to monitoring, inspecting, h				
	•					aning the year
7	Amount of expenses in	curred in monitoring, inspecting, handlir	ng of violations, and enforcing conservat	tion easen	nents during	the year
	\$					
		n easement reported on line 2(d) above				
	and section 170(h)(4)(B	)(ii)?				Yes No
		w the organization reports conservation				
		ude, if applicable, the text of the footnot	e to the organization's financial stateme	nts that d	escribes the	
		ng for conservation easements. Is Maintaining Collections of A	rt Historical Treasures or Ot	her Sim	ilar Asso	te
		rganization answered "Yes" on Form 99			iidi A330	
1a li		ed, as permitted under FASB ASC 958, r		d balance	sheet work	s
		s, or other similar assets held for public				
		III the text of the footnote to its financial	And a subject of the second			
		d, as permitted under FASB ASC 958, to			et works of	
a	rt, historical treasures, o	or other similar assets held for public exh				
р	rovide the following amo	ounts relating to these items:				,
(i)	Revenue included on	Form 990, Part VIII, line 1		►	\$	
	) Assets included in Fo					in et al anno anno anno anno anno anno anno a
		d or held works of art, historical treasure		ain, provid	le	
		uired to be reported under FASB ASC 9 n 990, Part VIII, line 1			•	
	venue included on Form	1 MMUL Part VIII LINE 1				
		90, Part X				

2	2
- 1	2
-	-

Schedule D (Form 990) 2021 Americ	a First Le				Othe	86 r Similar /	-21903	72 ntinue	Page 2
3 Using the organization's acquisition, acces			_						<u>.</u>
collection items (check all that apply):		ao, oncon any	or an	e lenething a lact		grinnedine dee			
a Public exhibition		d 🗌 Loan	orex	change program					
b Scholarly research		e Othe		enange program					
c Preservation for future generations						e de la s	- 11 - 14 - 14 - 14 - 14 - 14 - 14 - 14		
4 Provide a description of the organization's	collections and evol	in how they fi	uthor	the organization	e evem	int nurnose ir	Part XIII		
5 During the year, did the organization solicit							Trat All.		
to be sold to raise funds rather than to be r							Yes	Г	No
Part IV Escrow and Custodial Arra								_	
reported an amount on Form 990, P		lete il trie orga	nizatio	on answered the	5 0117	0111 990, Fai	rt iv, inte 9,	or	
		dian , fan aante	the star		o not in	aludad			
1a Is the organization an agent, trustee, custon							Yes	Г	No
on Form 990, Part X?							. La res	L	
<b>b</b> If "Yes," explain the arrangement in Part XII	and complete the fe	bliowing table:				and	Amou	unt .	
- Declarize halfered							Arnou	an it	1
c Beginning balance					••••••	1c			
d Additions during the year						br			
e Distributions during the year						1e			
f Ending balance						1f	[ ] ]		
2a Did the organization include an amount on F				and the second state of th		?	Yes	Ľ	No
b If "Yes," explain the arrangement in Part XIII									
Part V Endowment Funds. Complete			_	Contraction of the second seco					
non Sensitival music menorial per english and a sensitival and a sensitival	(a) Current year	(b) Prior ye	ar	(c) Two years ba	ck (d)	Three years b	ack (e) Fo	ur yea	's back
1a Beginning of year balance	La marchaelle 2007	b	~ (	111 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16 4 1	-	- 1 - 6 - 5		- 1
b Contributions	and the second second the second s		1. 3		1.1	1.1.2	1.01		
c Net investment earnings, gains, and losses	2	1500 Q	and the second	· · · · · · · · · · · · · · · · · · ·	1.6	n(n)	1.1		
d Grants or scholarships	1 3	1 and	ø.	t in a second					
e Other expenditures for facilities	and a second			Section and and section		1.4	1		
and programs		21		· • · · · · · · · · · · · · · · ·					
f Administrative expenses	P		1.1.1	i		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	- 1	1	
g End of year balance			-	Accession and the second second	. 2 1 .				
2 Provide the estimated percentage of the cur	rent year end balance	e (line 1g, colu	ımn (a	a)) held as:		a na antina san tana a		1	
a Board designated or quasi-endowment		%							
b Permanent endowment	%	-							
	%								
The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
<b>3a</b> Are there endowment funds not in the posse		ation that are l	neld a	nd administered	for the	organization			
by:						organization		Yes	No
							2.4	-	
(i) Unrelated organizations							3a(i		+
(ii) Related organizations							<u>3a(ii</u>		-
b If "Yes" on line 3a(ii), are the related organiza			le R?				3b		
4 Describe in Part XIII the intended uses of the		wment funds.			antara (kayorikan A	Care Provide St			
Part VI Land, Buildings, and Equipm									
Complete if the organization answered			11a. S	ee Form 990, Pa	rt X, lin	e 10.			
Description of property	(a) Cost or of basis (investm			or other ( (other)	and the second second	umulated ciation	( <b>d</b> ) Bo	ok val	ue
1a Land		and a second			ar argada oo yeer oo	1	-		
<b>b</b> Buildings		10 B. 10 C.							
c Leasehold improvements	¥								
d Equipment									
e Other						100 C 100 C 100 C 100 C			
Fotal. Add lines 1a through 1e. (Column (d) must equilate									0.

Schedule D (Form 990) 2021

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r

Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
Financial derivatives		<ul> <li>B. B. L. S. M. March &amp; R. March</li></ul>	<ul> <li>An Alexandre Strategy and Alexan</li></ul>
Closely held equity interests	and the		
Other	1	-	
(A)			
(B)			
(C)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
D)			
Ε)			
F)			
G)			8
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1)			
2)			
3)			
4)		Conservation of the second	
5)			
6)			
7)			
8)			
(9)		*	
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) THE IN Other Assets.	n Form 990 Part IV line		
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I. (CoL (b) must equal Form 990, Part X, col. (B) line 13.) Triver and the second seco	n Form 990, Part IV, line escription		(b) Book value
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I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Int IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         1)         2)         3)         4)         5)         6)         7)         8)	escription		(b) Book value
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I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Trt IX Other Assets. Complete if the organization answered "Yes" of (a) D (b) Column (b) must equal Form 990, Part X, col. (B) line Trt X Other Liabilities. Complete if the organization answered "Yes" or	escription /	11d. See Form 990, Part X, line 15.	25.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         It IX         Other Assets.         Complete if the organization answered "Yes" or         (a) D         1)         2)         3)         4)         5)         6)         7)         8)         9)         1. (Column (b) must equal Form 990, Part X, col. (B) line rt X         Other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability	escription /	11d. See Form 990, Part X, line 15.	
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Int IX         Other Assets.         Complete if the organization answered "Yes" or         (a) D         1)         2)         3)         4)         5)         6)         7)         8)         9)         1. (Column (b) must equal Form 990, Part X, col. (B) line rt X         Other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability         1) Federal income taxes	escription /	11d. See Form 990, Part X, line 15.	25.
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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2021

	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	6,388,44
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	3 - X	P
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	12	and a second
с		1	
d	Other (Describe in Part XIII.)	÷	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	6,388,44
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		0,000,11
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)	-	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	6,388,44
-	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	or Botu	0,500,44
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er netu	
1	Total expenses and losses per audited financial statements	1	2,150,42
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2,100,12
	Donated services and use of facilities 2a		
ь	Prior year adjustments 2b	- 1	
c			
	Other losses 2c	- 10 A	
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e 3	2,150,42
	Subtract line 2e from line 1	. 3	2,130,42
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	nvestment expenses not included on Form 990, Part VIII, line 7b	-	
	Other (Describe in Part XIII.)	- 1	
	Add lines 4a and 4b	4c	
	Tetal averages Add lines 2 and 4. (This must say of Farm 000 Revel line 10.)	-	
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
art	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	. 5	2,150,42
art ovide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         a 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, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1a and 4;	. 5	2,150,423
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art ovide s 20	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         a 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 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	. 5	2,150,423
art vide s 20	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         a 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, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1a and 4; Part IV, lines 1a and 4;	. 5	2,150,42
vide s 20	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         a 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 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X.X. Line 2:	. <b>5</b>	2 , 150 , 42 X, line 2; Part XI,
vide s 20	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         a 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 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	. <b>5</b>	2 , 150 , 42 X, line 2; Part XI,
art vide s 20 .rt	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         a 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 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X. Line 2:         gement has evaluated the Foundation's tax positions and	. 5	2,150,42 X, line 2; Part XI,
art vide s 20 .rt	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         a 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 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X.X. Line 2:	. 5	2,150,42 X, line 2; Part XI,
rt na	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         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 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X.X. Line 2:         agement has evaluated the Foundation's tax positions and Foundation's financial statements do not include any un	. 5	2,150,42 X, line 2; Part XI,
art vide s 20 	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         a 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 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X. Line 2:         gement has evaluated the Foundation's tax positions and	. 5	2,150,42 X, line 2; Part XI,
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art ovide s 20 art na	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         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 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X.X. Line 2:         agement has evaluated the Foundation's tax positions and Foundation's financial statements do not include any un	. 5	2,150,42 X, line 2; Part XI,
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rt na	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         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 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X.X. Line 2:         agement has evaluated the Foundation's tax positions and Foundation's financial statements do not include any un	. 5	2,150,42 X, line 2; Part XI,
art vide s 20 	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         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 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X.X. Line 2:         agement has evaluated the Foundation's tax positions and Foundation's financial statements do not include any un	. 5	2,150,42 X, line 2; Part XI,
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rt na	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         XIII Supplemental Information.         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 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         X.X. Line 2:         agement has evaluated the Foundation's tax positions and Foundation's financial statements do not include any un	. 5	2,150,42 X, line 2; Part XI,
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SCHEDULE G		ental Information Regarding	-				OMB No. 1545-0047
(Form 990)	Complete if t	the organization answered "Yes" organization entered more than	on Form \$15,000	990, on Fo	Part IV, line 17, 18, orm 990-EZ, line 6a.	or 19, or if the	2021
Department of the Treasury		Attach to Form 9					Open to Public
Internal Revenue Service Name of the organization		Go to www.irs.gov/Form990 for in:	struction	ns and	the latest information		Inspection identification number
Name of the organization		a First Legal Four	ndati	on		86-21	
	ing Activitie	S. Complete if the organization ans			n Form 990, Part IV,	line 17. Form 99	0-EZ filers are not
	complete this p		· · · ·		0		
<ol> <li>Indicate whether the a Mail solicitation</li> </ol>		aised funds through any of the follo			Check all that apply overnment grants		
b X Internet and					mment grants		
c X Phone solicit			ial fundra	-	-		
d X In-person sol					- 4 	4	
		or oral agreement with any individu				(Tan 0)	Yes X No
		Part VII) or entity in connection with dividuals or entities (fundraisers) put			•		
compensated at le			isuant to	agree	smenta under whien		
			11		1		
(i) Name and address	s of individual	(ii) Activity	fund have c	Did	(iv) Gross receipts	(v) Amount pai to (or retained b	(vi) Amount paid to (or retained by)
or entity (fund	raiser)	(ii) Addition	or cor	utions?	from activity	fundraiser listed in col. (i	organization
Bluebonnet Fundrais	sing LLC -		Yes	No	a comination of the	4	
3300 Bee Caves Road	-	Fundraising consulting	-	X	470,000.	47,0	423,000
MI Advisory Service	es - 241			1			8
Ridgewalk Circle, S	Santa Rosa	Fundraising consulting		X	0.	7,50	7,500
			100	N.			- 12
-			8		A A A A A A A A A A A A A A A A A A A	R.C. Ladon and L	· · ·
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Total 3 List all states in which	the organizat	tion is registered or licensed to solid	t contrib				/
or licensing.	and the organization						registration
		, CA, DE, FL, GA, HI, II					
	IH,NJ,NM	, NY, NC, ND, OH, OK, OF	R,PA,	RI,	SC, SD, TN, T	X,UT,VT,	VA,WA,WV,WI
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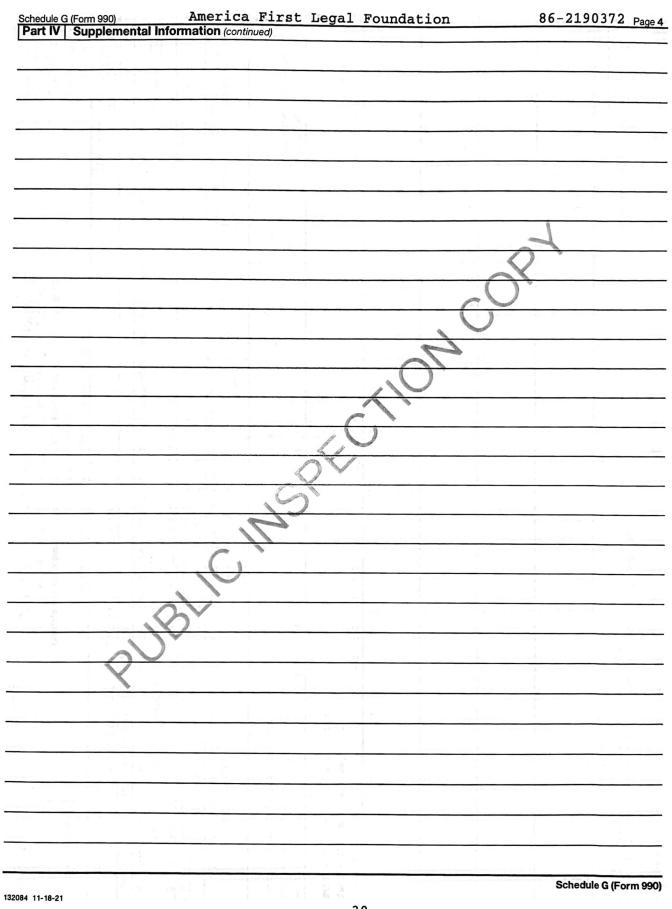
- LAPSP

132081 10-21-21

	of fulfulating event contributions and gr	oss income on Form 99	0-EZ, lines 1 and 6b. List	events with gross recei	pro greater unan \$5,00
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		18.5 M			(add col. (a) throug
		(event type)	(event type)	(total number)	col. (c))
		(overic type)		(cotal Hallisol)	
1	Gross receipts				
2	Less: Contributions	· · · · · · · · · · ·		a contraction and the second second	м
3	Gross income (line 1 minus line 2)	~ .			
1 -				· · · · · · · · · · · · · · · · · · ·	
4	Cash prizes				
5	Noncash prizes		And the second	0	
6	Rent/facility costs			OX	
Ŭ				0	
7	Food and beverages				8
	Fatadalament				
8	Entertainment Other direct expenses				
10	Direct expense summary. Add lines 4 through		()		8 - C - C - C - C - C - C - C - C - C -
11		ine 3, column (d)			<ul> <li>In the second sec</li></ul>
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col.
			1	· · · · · · · · · · · · · · · · · · ·	Sector Sector
1	Gross revenue	OV.		n i na seconda de la composición de la composi Composición de la composición de la comp	n an
1	Gross revenue	S			
1 2 3		Nº S			
	Cash prizes	Nº S			
3 4	Cash prizes Noncash prizes Rent/facility costs	C. M. Scheller			
3 4	Cash prizes	C. M. Scheller	Yes%	Yes%	
3 4 5	Cash prizes Noncash prizes Rent/facility costs		└ Yes% □ No	└── Yes% └── No	
3 4 5	Cash prizes	└── Yes % └── No	No	No	
3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes%No	□ No	<u> </u>	
3 4 5 6 7	Cash prizes	Yes%No	□ No	<u> </u>	
3 4 5 6 7 8 Ent	Cash prizes	Yes% No f5 in column (d) from line 1, column (d) ucts gaming activities:	No	□ No	Yes
3 4 5 6 7 8 Ent	Cash prizes	Yes% No f5 in column (d) from line 1, column (d) ucts gaming activities:	No	□ No	Yes1
3 4 5 6 7 8 Ent Is t If "I	Cash prizes	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No states?	▶	
3 4 5 6 7 8 Entt Is tt Is tt We	Cash prizes	Yes% No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No     states? erminated during the tax	▶	

Sch	Hedule G (Form 990) 2021 America First Legal Foundation 86-	219037	
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	Yes	└── No
	The organization's facility	13a	%
b	An outside facility	13b	9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name	All Carlos and Carlos	
	Address 🕨		
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Yes	🗆 No
Ы	f "Yes," enter the amount of gaming revenue received by the organization >\$ and the amount		
	of gaming revenue retained by the third party  \$		
c li	f "Yes," enter name and address of the third party:		
Ν			
А	ddress ▶		
	leg -		
6 G	aming manager information:		
N	ame		1000 - 1000 A
G	aming manager compensation  \$		
D	escription of services provided		
_			1
_			
[	Director/officer Employee Independent contractor		
	Indatory distributions:		
	he organization required under state law to make charitable distributions from the gaming proceeds to		
	ain the state gaming license?	Yes	No No
	er the amount of distributions required under state law to be distributed to other exempt organizations or spent in the anization's own exempt activities during the tax year <b>&gt;</b> \$		
rt I		III lines Q	9b 10b
- 	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	30, 100,
hed	dule G, Part I, Line 2b, List of Ten Highest Paid Fundraiser	s :	
) N	Jame of Fundraiser: Bluebonnet Fundraising LLC		the second second
) A	ddress of Fundraiser: 3300 Bee Caves Road #650-1151, Austin	, ТХ	78746
) N	ame of Fundraiser: MI Advisory Services		
) A	ddress of Fundraiser:		
1 R	idgewalk Circle, Santa Rosa Beach, FL 32459		
3 10-21			00) 2021

chedule G (Form 990) 2021



Open of the constraint         Attach to Form 800.         Open to the prediction         Description         Description <thdescription< th="">         Description</thdescription<>	SCHEDULE I (Form 990)		Conple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Is and Other Assistance to Organizations, ments, and Individuals in the United State he organization answered "Yes" on Form 990, Part IV, line 21 of	ce to Organ s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
I Constraint     Employer (detrifted to main process)     Employer (detrifted to month process)     Employer (detrifted to month process)       I Constraint     Constraint     Employer of the parts or casts)     Employer (detrifted to month process)     Employer (detrifted to month process)       I Constraint     Constraint     Employer of exits and Asistence     Employer of exits and Asistence     Employer of exits and Asistence       I Constraint     Proceeding for month process)     Constraint of the parts or casts)     Employer of exits and Asistence     Employer of exits and Asistence       Description     Proceeding for month process)     Constraint of the parts or casts)     Employer of exits     Employer of exits       Description     Constraint     (D) Filty     Employer of exits     Employer of exits       Description     D) Filty     Constraint     (D) Filty     Employer of exits       Description     D) Filty     Constraint     (D) Filty     Employer of exits       Description     D) Filty     Constraint     (D) Filty     Employer of exits       Distribution     D) Filty     Constraint     (D) Filty     Employer of exits       Distribution     D) Filty     Constraint     (D) Filty     Constraint     (D) Filty       Distribution     D) Filty     Constraint     (D) Filty     (D) Filty     (D) Filty    <	epartment of the Treasury temal Revenue Service			Go to www.ir	► Attach to Forn s.gov/Form990 for	n 990. the latest inform	lation.		Open to Public Inspection
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a md Public Policy Center, - 1730 M Street WW, #910 - Batron, DC 20036 Batron, DC 20036 Batron, DC 20036 Batron, DC 20036 Batron, DC 20036 Batron, DC 20036 Batron Policy (3) Batron Policy (3) Batron Policy (3) Batron Policy (3) Batron Policy (3) Batron Policy (3) Batron Policy (2) Batron Policy (3) Batron Policy (3) B	exas Fublic Polic 01 Congress Avenu ustin, TX 78701	y Foundation e	74-2524057	501(c)(3)	, 227, 500.	.0			Strategic Litigation Partnership
tection 501(c)3) and government organizations listed in the line 1 table	thics and Public nc 1730 M Stre ashington, DC 200	Policy Center, et NW, #910 - 36	52-1162185	501(c)(3)	25,000	0.			Strategic Litigation Partnership
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Part III can be duplicated if additional space is needed.		urgariizatiori arisw		90, Part IV, IIN9 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	J quired in Part I, lin	e 2; Part III, columr	(b); and any other ad	ditional information.	
Part I, Line 2:			C		
Grantee shall, upon request from A	from AFL, provide		AFL with copies	of documents,	
relevant to this Agreement, includ	including books,	s, records,	and	accounts.	
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132102 10-26-21		41			Schedule I (Form 990) 2021

(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       2022         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 23. S Attach to Form 990.       Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 23. S Attach to Form 990.       Depart IV, line 23. S Attach to Form 990.       Dep	on
Department of the Treasury Internal Revenue Service <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li></ul>	on number
Department of the Treasury Internal Revenues Service       Inspect         Name of the organization       America First Legal Foundation       Employer identification 86-2190372         Part I       Questions Regarding Compensation       Y         Ia       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Y         First-class or charter travel       Housing allowance or residence for personal use       Y         Travel for companions       Payments for business use of personal residence       Isocretion and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)       Ib         I fany of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to       2	on number
Name of the organization       Employer identification         America First Legal Foundation       86-2190372         Part I       Questions Regarding Compensation         ************************************	number
America First Legal Foundation       86-2190372         Part I       Questions Regarding Compensation         Ia       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         First-class or charter travel       Housing allowance or residence for personal use         Travel for companions       Payments for business use of personal residence         Discretionary spending account       Personal services (such as maid, chauffeur, cheft)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to       2	
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CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	4.1
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establish compensation of the CEO/Executive Director, but explain in Part III.	1
Compensation committee Written employment contract	
Independent compensation consultant	
Form 990 of other organizations	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	
a Receive a severance payment or change-of-control payment?	X
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Same in the second s	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	x
a The organization?	X
	-
If "Yes" on line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	
	x
	X
b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III.	
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments</li> </ul>	
	x
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes." describe in Part III	x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	A
	10 Sec. 10. 100
Regulations section 53.4958-6(c)?         9           LHA         For Paperwork Reduction Act Notice, see the Instructions for Form 990.         Schedule J (Form 9	

Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	Form 990, Part VII. ted individual must equal	the total amount of F	orm 990, Part VII, S	ection A, line 1a, appli	onn related organizatio cable column (D) and	rins, described in the ins (F) amounts for that inc	structions, on row (ii). Jividual.
	(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC	3 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Gene Hamilton	(1) 177,527.	.0	• 0	6,798.	8,614.	192,939.	0
VP, General Counsel, Secretary		0	.0	0	.0	.0	.0
(2) Matthew Whitaker	(i) 175,000.	.0.	• 0	• 0	.0	175,000.	• 0
Director	(ii) 0 e	• 0	.0	•0	.0	.0	.0
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	(ii)	1 M .					
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oxide the information, or descriptions required for Part I, Inea 1a, 1b, 3, 4a, 4b, 5a, 5b, 6b, 0b, 7, and 6, and for Part II, Also complete this part for any additional Information.	Produed the telementich, evaluation, or descriptions required for Part I, Thes 1a, Ta, Da, Ga, Sa, Sa, Ga, Sa, Sa, Sa, Sa, Sa, Sa, Sa, S	Schedule J (Form 990) 2021 ALITEL LEGAL FOUNDATION Part III Supplemental Information	86-2190372 Page 3
		ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for P	ut II. Also complete this part for any additional information.
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	1	90, Part X, line 5, 6		2. an to or	(a) Original	to Datasa da	(-)  -	(h) Approved		Vritto
(a) Name of interested person	(b) Relationshi with organization		from	n the zation?	(e) Original principal amount	(f) Balance due	(g) In default?	by board or committee?	agree	Vritte emen
	6.4			From			Yes No	Yes No	Yes	N
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Complete if the or (a) Name of interested p		(b) Relationship			(c) Amount of	(d) Type	of	(e) Purp	0.69.0	f
		interested pers	on an		assistance	assistan		assist		
		the organiza	ation			4				
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Complete if the organization answe	red "Yes" on Form 990, Part IV, line 28a, 28	3b. or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	and the second part of the		а 1 К. – 15 м. – 19	Yes	No
latthew Whitaker	Director	175,000.	Matthew Whi		X
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art V Supplemental Information.			0	2	
	esponses to questions on Schedule L (see in	nstructions). 🥢	X		_
		(	) _		
ch L, Part IV, Business	Transactions Involvin	ng Interest	ed Persons:		
a) Name of Person: Matt	hew Whitaker				
		And a start	the second		
1) Description of Trans	action: Matthew Whitak	ker provide	d expert le	gal	
wigog in EV01 Watth	an in also a mating h	)	wan ant ad		
ervices in FY21. Matth	ew is also a voting bo	bard member	, reported	on	
art VII Section A.	C				
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	$\bigcirc$ $\checkmark$				
	6	<ol> <li>A. Mitta administrative com</li> </ol>	and the second		
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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	on	2021 Open to Public Inspection
Name of the organization	America First Legal Foundation		identification numbe 190372
Form 990, Par	t VI, Section A, line 8b:		la ma construction de la
There are no	committees with authority to act on behalf	of the	governing
body.			
Form 990, Par	t VI, Section B, line 11b:	- annead	
20 C	iews a copy of the 990 prior to filing.	2	
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Form 990, Part	t VI, Section B, Line 12c:		
	ion regularly and consistently monitors and	l enforce	s
	th the conflict of interest policy. Officer		
	isclose conflicts of interest.	the second s	
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Form 990, Part	VI, Section B, Line 15:	ag kar u S	and a set of the first of the set
	e data to similar organizations and vote t	o approv	e
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	C		
Form 990, Part	VI, Line 17, List of States receiving cop	v of For	m 990:
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	NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX	The process of the	and the second sec
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Form 990 Part	VI Sogtion C Line 10.		
menter a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-	VI, Section C, Line 19:		
Foundation make	es these documents available to the public	upon re	quest.
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HA For Paperwork Reduc	tion Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedu	e O (Form 990) 2021

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## Form 8868

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see inst	ructions.		Taxpaye	r identification	n number (TIN)
print	America First Legal Founda	ation			86-21	90372
File by the due date for filing your return. See		see instruc	tions.	R	)	
instructions	Washington, DC 20003-4303	3		Ĵ		
Enter the	Return Code for the return that this application is for (	file a separa	ate application for each return)			01
Applicat	ion	Return	Application			Return
Is For		Code	is For			Code
Form 990	) or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	)-T (trust other than above)	06	Form 8870			12
Form 990	-T (corporation) The Organizati	07				2.1
<ul> <li>If the c</li> <li>If this is</li> <li>box ▶ [</li> <li>1 I reat the ▶ [</li> <li>▶ [</li> <li>2 If th</li> </ul>	none No. ► 202-964-3721 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the orgon x calendar year 2021 or tax year beginning e tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta Noven ganization's , and check reaso	a list with the names and TINs of         a list with the names and TINs of         a ber 15, 2022         , to file         return for:         d ending         on:         Initial return         F	this is fo all memb	r the whole gr ers the exten npt organization	roup, check this sion is for.
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	nated tax payments made. Include any prior year overp			3b	\$	0.
	a <b>nce due.</b> Subtract line 3b from line 3a. Include your pa g EFTPS (Electronic Federal Tax Payment System). See			3c	s	0.
	f you are going to make an electronic funds withdrawal				nd Form 8879	
	s. or Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.	Rear of the class	Form 88	368 (Rev. 1-2022)