

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

C Name of organization
MILITARY OFFICERS ASSOCIATION OF AMERICA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
201 N WASHINGTON STREET

City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 22314

D Employer identification number
53-0172821

E Telephone number
(703) 549-2311

F Name and address of principal officer:
REGINA D CHAVIS
201 N WASHINGTON STREET
ALEXANDRIA, VA 22314

G Gross receipts \$ 45,248,088

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (19) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.MOAA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1944 **M** State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PRESERVE AND PROTECT EARNED BENEFITS FOR OUR UNIFORMED SERVICES, VETERANS, THEIR FAMILIES, AND SURVIVING SPOUSES THROUGH ADVOCACY, LEADERSHIP, EDUCATION, AND SERVICE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	101
	6 Total number of volunteers (estimate if necessary)	6	91
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,704,734
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	122,106
	Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		Prior Year	10,239,060
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year	11,193,650
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		Prior Year	16,598,848
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Prior Year	38,032,797
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		Prior Year	489,429
14 Benefits paid to or for members (Part IX, column (A), line 4)		Prior Year	0
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	Prior Year	10,824,385
	16a Professional fundraising fees (Part IX, column (A), line 11e)	Prior Year	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	Prior Year	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	Prior Year	10,877,019
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Prior Year	22,190,833
19 Revenue less expenses. Subtract line 18 from line 12	Prior Year	15,841,964	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	184,530,638
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	68,276,170
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	116,254,468
Net Assets or Fund Balances		End of Year	161,728,762
		End of Year	67,700,039
		End of Year	94,028,723

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2023-05-11

REGINA D CHAVIS VICE PRESIDENT & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2023-05-11
Check if self-employed PTIN: P01970042

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749

Firm's address ▶ 150 S WARNER ROAD SUITE 310 Phone no. (215) 643-3900
KING OF PRUSSIA, PA 19406

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PRESERVE AND PROTECT EARNED BENEFITS FOR OUR UNIFORMED SERVICES, VETERANS, THEIR FAMILIES, AND SURVIVING SPOUSES THROUGH ADVOCACY, LEADERSHIP, EDUCATION AND SERVICE. PROVIDE FIRST-CLASS SERVICE TO OUR MEMBERS. WE ARE THE LEADING VOICE ON COMPENSATION & BENEFIT MATTERS FOR ALL MEMBERS OF THE UNIFORMED SERVICES (REFERRED TO AS THE MILITARY COMMUNITY). WE PROVIDE EDUCATION AND ADVICE TO OUR MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and financial reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 10 columns: Question ID, Question Text, Answer Box, and three columns for Yes/No/Other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and organizational compliance.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records;

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶		2,499,539	0 424,138

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 44

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUAD P O BOX 842858 BOSTON, MA 02284	MAGAZINE	1,745,740
GROUP BENEFIT SERVICES INC 2 CORPORATE DRIVE SUITE 636 SHELTON, CT 06484	HEALTH BENEFITS ADMINISTRATOR	864,511
APLUSIFY 12410 MILESTONE CENTER DR SUITE 60 GERMANTOWN, MD 20876	SOFTWARE DEVELOPMENT	765,693
UNITED STATES POSTAL SERVICES P O BOX 21666 EAGAN, MN 55121	FRIEGHT COST	716,000
THE GATE WORLDWIDE LLC 71 5TH AVENUE 8TH FLOOR NEW YORK, NY 10003	MARKETING	698,272

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 22

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,111,528			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,632,577			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,773,207			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	881,033			
9 Other employee benefits	600,678			
10 Payroll taxes	660,366			
11 Fees for services (non-employees):				
a Management				
b Legal	17,312			
c Accounting	96,224			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	309,210			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,073,618			
12 Advertising and promotion	721,620			
13 Office expenses	2,916,070			
14 Information technology				
15 Royalties				
16 Occupancy	159,260			
17 Travel	693,756			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	107,265			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	448,818			
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDING LIFE MEMBER DEF	3,300,000			
b COMMUNICATIONS	227,693			
c TAXES	94,816			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,825,051			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	982,270	1	883,717
	2 Savings and temporary cash investments	1,014,597	2	1,458,471
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,105,855	4	1,391,687
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	117,199	8	93,829
	9 Prepaid expenses and deferred charges	427,730	9	772,531
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19,012,961		
	b Less: accumulated depreciation	6,849,892		
	11 Investments—publicly traded securities	145,980,671	11	115,750,753
	12 Investments—other securities. See Part IV, line 11	21,871,273	12	28,226,733
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,561,528	15	987,972
16 Total assets. Add lines 1 through 15 (must equal line 33)	184,530,638	16	161,728,762	
Liabilities	17 Accounts payable and accrued expenses	2,315,901	17	1,962,129
	18 Grants payable		18	
	19 Deferred revenue	62,054,662	19	60,315,786
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	420,780	23	296,902
	24 Unsecured notes and loans payable to unrelated third parties	1,503,065	24	3,110,703
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,981,762	25	2,014,519
	26 Total liabilities. Add lines 17 through 25	68,276,170	26	67,700,039
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	116,254,468	27	94,028,723
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	116,254,468	32	94,028,723	
33 Total liabilities and net assets/fund balances	184,530,638	33	161,728,762	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,928,453
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,825,051
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,896,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,254,468
5	Net unrealized gains (losses) on investments	5	-16,329,147
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	94,028,723

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 53-0172821

Name: MILITARY OFFICERS ASSOCIATION OF AMERICA

Form 990 (2022)

Form 990, Part III, Line 4a:

PROTECTION OF BENEFITS AND DELIVERY OF INFORMATION TO THE MILITARY COMMUNITY:MILITARY OFFICERS ASSOCIATION OF AMERICA (MOAA) PROVIDES TECHNICAL ADVICE AND ASSISTANCE TO MEMBERS, THEIR FAMILIES, AND THE BROADER MILITARY COMMUNITY ON MATTERS RELATING TO MILITARY RETIREMENT, MEDICAL BENEFITS AND PRIVILEGES, CAREER TRANSITION AND PROFESSIONAL DEVELOPMENT SUPPORT, ACCESSING VETERANS BENEFITS, AND REPRESENTING THE INTERESTS OF THE MILITARY COMMUNITY BEFORE CONGRESS AND THE EXECUTIVE BRANCH. VIRTUAL AND LIVE ENGAGEMENT PROGRAMS INCLUDED APPROXIMATELY 75 FACILITATIONS ON MILITARY INSTALLATIONS, ASSISTING MORE THAN 27,000 MILITARY MEMBERS, VETERANS, AND THEIR FAMILIES, AND PROVIDING UPDATES ON EARNED BENEFITS TO NEARLY 2,000 MILITARY RETIREES NATIONWIDE.

Form 990, Part III, Line 4b:

CHAPTER SUPPORT:THE ORGANIZATION PROVIDES SUPPORT TO NEARLY 400 INDEPENDENTLY ORGANIZED AND LOCALLY CONTROLLED CHAPTERS AND STATE COUNCILS WORLDWIDE. THIS SUPPORT INVOLVES CHARTERING, PROVIDING ORGANIZATIONAL AND ADMINISTRATIVE GUIDANCE, AND EXECUTING LIVE AND VIRTUAL VISITS WITH APPROXIMATELY 140 OF THESE CHAPTERS ANNUALLY. THESE VISITS ARE TO EDUCATE AND INFORM MEMBERS ON THE LEGISLATIVE ADVOCACY EFFORTS OF THE NATIONAL ORGANIZATION, PROVIDE ADVICE AND ASSISTANCE RELATED TO EARNED MILITARY SERVICE BENEFITS AND PRIVILEGES, AND ASSIST WITH STATE-LEVEL LEGISLATIVE ADVOCACY EFFORTS TO RECOGNIZE THE UNIQUE SACRIFICES MADE BY MILITARY AND VETERAN FAMILIES.

Form 990, Part III, Line 4c:

CAREER TRANSITION SERVICES: MOAA PROVIDES ASSISTANCE AND INFORMATION TO MEMBERS, THEIR SPOUSES AND THE BROADER UNIFORMED SERVICES AND SURVIVING SPOUSE COMMUNITY IN MATTERS RELATING TO CAREER TRANSITION SERVICES AND FINANCIAL AND BENEFITS EDUCATION PROGRAMS. THIS INCLUDES RESUME ADVICE, CAREER COUNSELING, JOB LISTINGS, AND SELF-MARKETING ASSISTANCE ON EMPLOYMENT OPPORTUNITIES WITH VETERAN-FRIENDLY COMPANIES AND FINANCIAL AND BENEFITS CONSULTATIONS TO SUPPORT THEM AT WHATEVER THEIR STAGE IN LIFE. MOAA PARTICIPATES IN DEPARTMENT OF DEFENSE TRANSITION ASSISTANCE PROGRAM BRIEFINGS AND RETIREE APPRECIATION DAY EVENTS LIVE AND VIRTUALLY ACROSS THE COUNTRY... CONTINUE ON SCHEDULE O IN ADDITION, MOAA CONDUCTS EDUCATIONAL WEBINAR EVENTS AND AT LEAST SIX LIVE AND VIRTUAL CAREER FAIRS EACH YEAR, ALL OF WHICH ARE OPEN TO THE ENTIRE MILITARY AND VETERAN COMMUNITY.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEN GARY L NORTH CHAIR - STARTING OCT 2022	1.00 1.00	X		X				0	0	0
WALTER L SHARP CHAIR - THROUGH OCT 2022	1.00 0.00	X		X				57,240	0	0
CHARLES W ANDERSON MEMBER	1.00 0.00	X						0	0	0
JOHNATHAN W BAILEY MEMBER	1.00 0.00	X						0	0	0
STEPHEN A BEDARD MEMBER	1.00 0.00	X						0	0	0
SAMUEL J T BOONE MEMBER	1.00 0.00	X						0	0	0
RICHARD A BUCHANAN MEMBER	1.00 2.00	X						0	0	0
MYLES B CAGGINS III MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
RONALD J CLARK MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
STEPHANIE E DAWSON MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT D DEITCHMAN MEMBER	1.00 0.00	X						0	0	0
JAMES G FOGGO MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
ELMER F GREEN JR MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
NANCY A HANN MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
MARVIN H HEINZE MEMBER	1.00 0.00	X						0	0	0
MICHAEL W HEWITT MEMBER	1.00 0.00	X						0	0	0
LELIA P JACKSON MEMBER	1.00 0.00	X						0	0	0
THEODORE J JANOSKO MEMBER	1.00 0.00	X						0	0	0
BRADLEY S JEWITT MEMBER	1.00 0.00	X						0	0	0
VIRGINIA GAIL JOYCE MEMBER	1.00 2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS J JURKOWSKY MEMBER	1.00 0.00	X						0	0	0
BRUCE E KASOLD MEMBER	1.00 0.00	X						0	0	0
PETER K KLOEBER MEMBER	1.00 0.00	X						0	0	0
SHARRON A MACKEY MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
LUCRETIA M MCCLENNEY MEMBER	1.00 1.00	X						0	0	0
FRED M MIDGETTE MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
JAMES C MURPHY MEMBER	1.00 0.00	X						0	0	0
STEPHEN W OLIVER JR MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
MARCANTONIO J OLIVERI MEMBER	1.00 0.00	X						0	0	0
ROBERT P PALMER MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARIC J RAUS MEMBER	1.00 0.00	X						0	0	0
STEVAN B RICHARDS MEMBER	1.00 0.00	X						0	0	0
ROJAN J ROBOTHAM MEMBER	1.00 1.00	X						0	0	0
WG BUD SCHNEEWEIS MEMBER - STARTING OCT 2022	1.00 0.00	X						0	0	0
DONALD F THOMPSON MEMBER	1.00 0.00	X						0	0	0
KATHLEEN G THORP MEMBER	1.00 0.00	X						0	0	0
THOMAS D WALDHAUSER MEMBER	1.00 0.00	X						0	0	0
ROBERT E DAY JR MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
JERI I GRAHAM MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
ALLISON A HICKEY MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW W KUSKIE MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
MARY J MAYER MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
C ANDREW MCCAWLEY MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
JOHN F REGNI MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
ERNEST E ROBINSON MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
WALTER J SMILEY JR MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
PETER N TROEDSSON MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
GARRY R WHITE MEMBER - THROUGH OCT 2022	1.00 0.00	X						0	0	0
DANA T ATKINS PRESIDENT & CEO	33.00 2.00			X				482,323	0	49,022
JAMES O'BRIEN CHIEF OPERATING OFFICER	32.00 3.00			X				334,349	0	53,242

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGINA D CHAVIS VICE PRESIDENT & CFO	32.00 3.00			X				305,936	0	50,432
JOSEPH G LYNCH SECRETARY	32.00 3.00			X				310,966	0	46,308
ALAN R ENGLISH VP COMMUNICATIONS	35.00 0.00					X		225,387	0	55,205
DANIEL F MERRY VP GOVERNMENT RELATIONS	35.00 0.00					X		213,239	0	40,956
JAMES A CARMAN VP TRANSITION AND MEMBER	35.00 0.00					X		200,222	0	37,140
AMANDA A CENTERS VP DEVELOPMENT	35.00 0.00					X		190,509	0	44,630
KATHERINE E PARTAIN VP, MEMBERSHIP & MARKETING	35.00 0.00					X		179,368	0	47,203

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number 53-0172821

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, questions about monitoring, and a table for conservation easement statistics (2a-2d).

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		396,034		396,034
b Buildings		10,672,156	1,633,741	9,038,415
c Leasehold improvements				
d Equipment		7,944,771	5,216,151	2,728,620
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				12,163,069

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ALTERNATIVES	28,226,733	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	28,226,733	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED LIABILITY OF WIDOWS' TRUST	845,206
ACCRUED PENSION AND DEFERRED COMPENSATION	1,169,313
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,014,519

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0172821

Name: MILITARY OFFICERS ASSOCIATION OF AMERICA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MOAA, SCHOLARSHIP FUND, AND THE MOAA FOUNDATION ARE TAX-EXEMPT BUT ARE ALL SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. EACH OF THESE ORGANIZATIONS HAS ADOPTED THE GUIDANCE ON THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ADOPTION OF THIS STANDARD HAS NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS. EACH ORGANIZATION FILES AS A TAX-EXEMPT ORGANIZATION.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number 53-0172821

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: THE MOAA FOUNDATION, 46-4219250, 501(C)3, 1,111,528, 0, N/A, N/A, CHARITIBLE WORK IN COMMUNITY AND COVID-19 RELIEF.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2022
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number
53-0172821

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b	Yes								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>	5a									
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b									
<p>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:</p> <p>a The organization?</p>	6a									
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>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.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANA T ATKINS PRESIDENT & CEO	(i)	364,853	103,328	14,142	48,875	147	531,345	0
	(ii)	0	0	0	0	0	0	0
2 JAMES O'BRIEN CHIEF OPERATING OFFICER	(i)	269,912	58,826	5,611	49,440	3,802	387,591	0
	(ii)	0	0	0	0	0	0	0
3 JOSEPH G LYNCH SECRETARY	(i)	253,473	50,291	7,202	44,450	1,858	357,274	0
	(ii)	0	0	0	0	0	0	0
4 REGINA D CHAVIS VICE PRESIDENT & CFO	(i)	239,930	59,391	6,615	48,583	1,849	356,368	0
	(ii)	0	0	0	0	0	0	0
5 ALAN R ENGLISH VP COMMUNICATIONS	(i)	201,593	21,919	1,875	38,381	16,824	280,592	0
	(ii)	0	0	0	0	0	0	0
6 DANIEL F MERRY VP GOVERNMENT RELATIONS	(i)	187,517	19,247	6,475	35,279	5,677	254,195	0
	(ii)	0	0	0	0	0	0	0
7 JAMES A CARMAN VP TRANSITION AND MEMBER	(i)	164,771	24,373	11,078	32,552	4,588	237,362	0
	(ii)	0	0	0	0	0	0	0
8 AMANDA A CENTERS VP DEVELOPMENT	(i)	169,769	20,365	375	32,496	12,134	235,139	0
	(ii)	0	0	0	0	0	0	0
9 KATHERINE E PARTAIN VP, MEMBERSHIP & MARKETING	(i)	159,817	18,711	840	31,634	15,569	226,571	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	MOAA REIMBURSE THE CEO GEN. DANA ATKINS FOR HIS SPOUSE TO TRAVEL WITH HIM AND THE PORTION FOR SPOUSE'S TRAVEL IS CONSIDERED TAXABLE BENEFIT AND THUS GEN. ATKINS RECEIVED A GROSS-UP PAYMENT. MOAA ALSO REIMBURSED GEN. ATKINS FOR HIS ARMY NAVY CLUB DUES.

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B:	IN 2022, FOLLOWING OFFICERS PARTICIPATED IN 457(B) DEFERRED CONTRIBUTION: DANA T ATKINS - \$20,280 REGINA D CHAVIS - \$20,500 JAMES O'BRIEN - \$20,500

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number

53-0172821

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN, 1ST VICE CHAIRMAN, 2ND VICE CHAIRMAN, 3RD VICE CHAIRMAN, CORPORATE OFFICERS, THE SENIOR RANKING OFFICER OF THE FRESHMAN AND JUNIOR BOARD CLASSES, AND THE CHAIRS OF EACH STANDING COMMITTEE. THE BOARD DESIGNATED THE EXECUTIVE COMMITTEE'S MEMBERSHIP AND DELEGATED ITS RESPONSIBILITIES AND AUTHORITIES IN EXECUTIVE COMMITTEE CHARTER. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE ALL POWER VESTED IN THE BOARD BY THE VIRGINIA NON-STOCK CORPORATIONS ACT, MOAA'S ARTICLES OF INCORPORATION, OR MOAA'S BYLAWS, EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY SHALL BE LIMITED BY THE RESOLUTION OR RESOLUTIONS APPOINTING OR EMPOWERING THE EXECUTIVE COMMITTEE, AND EXCEPT AS LIMITED BY APPLICABLE LAW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>MEMBERSHIP IS COMPRISED OF THE FOLLOWING: *MEN AND WOMEN WHO ARE OR HAVE BEEN OFFICERS - THAT IS, COMMISSIONED OFFICERS, COMMISSIONED WARRANT OFFICERS, AND WARRANT OFFICERS - OF THE REGULAR, RESERVE, NATIONAL GUARD OF THE UNITED STATES, AND OTHER COMPONENTS OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, AND PUBLIC HEALTH SERVICE. THERE ARE REGULAR MEMBERS AND LIFE MEMBERS. *WIDOWS AND WIDOWERS OF DECEASED MEMBERS OR OF ANY DECEASED INDIVIDUAL WHO WOULD, IF LIVING, BE ELIGIBLE FOR MEMBERSHIP. *INDIVIDUALS ELECTED AS HONORARY MEMBERS AS SET FORTH BY THE ORGANIZATION. MEMBERSHIP CONSISTS OF SIX CLASSES: 1. MEMBERS: THOSE ELIGIBLE FOR MEMBERSHIP WHO APPLY FOR MEMBERSHIP AND PAY THE PRESCRIBED ANNUAL DUES. 2. LIFE MEMBERS: THOSE ELIGIBLE FOR MEMBERSHIP WHO APPLY FOR LIFE MEMBERSHIP AND PAY THE PRESCRIBED LIFE MEMBERSHIP FEE. 3. SURVIVING SPOUSE MEMBERS: WIDOWS AND WIDOWERS OF DECEASED MEMBERS OR OF ANY DECEASED INDIVIDUAL WHO WOULD HAVE BEEN ELIGIBLE FOR MEMBERSHIP. 4. LIFE SURVIVING SPOUSE MEMBERS: WIDOWS AND WIDOWERS OF DECEASED LIFE MEMBERS OR ANY WIDOW OR WIDOWER OF ANY DECEASED INDIVIDUAL WHO WOULD HAVE BEEN ELIGIBLE FOR MEMBERSHIP WHO PAYS THE PRESCRIBED LIFE MEMBERSHIP FEE. 5. HONORARY MEMBERS: HONORARY MEMBERSHIPS ARE CONFERRED FOR LIFE BY THE BOARD OF DIRECTORS. CURRENTLY THERE ARE NO HONORARY MEMBERS IN THE ASSOCIATION. HONORARY MEMBERS SHALL NOT BE ENTITLED TO VOTE OR REQUIRED TO PAY DUES. 6. CADETS AND MIDSHIPMEN: THIRD OR FOURTH YEAR STUDENTS ATTENDING THE U.S. MILITARY ACADEMY, U.S. NAVAL ACADEMY, THE U.S. AIR FORCE ACADEMY, OR THE U.S. COAST GUARD ACADEMY; OR THIRD OR FOURTH YEAR STUDENTS PARTICIPATING IN A SERVICE RESERVE OFFICER TRAINING CORPS (ROTC) PROGRAM AT AN ACCREDITED FOUR YEAR COLLEGE OR UNIVERSITY, WHO UPON GRADUATION AND SUCCESSFUL COMPLETION OF THE ROTC PROGRAM WILL BE COMMISSIONED AS AN OFFICER IN ONE OF THE MILITARY SERVICES OF THE UNITED STATES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	REGULAR AND LIFE MEMBERS ARE ENTITLED TO VOTE UPON ANY MATTER PROPERLY SUBMITTED TO THE MEMBERSHIP FOR VOTE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	REGULAR AND LIFE MEMBERS MAY PARTICIPATE IN THE ELECTION OF BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE AND AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 BEFORE IT IS FILED. COPIES OF THE 990 ARE MADE AVAILABLE TO ALL BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MOAA CONDUCTS A FOUR HOUR ORIENTATION PROGRAM FOR ALL NEWLY APPOINTED BOARD MEMBERS. AS PART OF THIS ORIENTATION, ALL NEWLY APPOINTED BOARD MEMBERS ARE BRIEFED ON THEIR RESPONSIBILITIES AS BOARD MEMBERS. THIS INCLUDES A BRIEFING ON THEIR RESPONSIBILITIES TO AVOID TRANSACTIONS THAT MIGHT INVOLVE CONFLICTS OF INTEREST. IN ADDITION, EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ONCE EACH YEAR TO DISCLOSE ANY BUSINESS OR PERSONAL RELATIONSHIPS THAT MIGHT RESULT IN A CONFLICT OF INTERESTS. THE MOAA GENERAL COUNSEL PERSONALLY REVIEWS EACH BOARD MEMBER'S RESPONSES. THE GENERAL COUNSEL MONITORS MATTERS COMING BEFORE THE BOARD FOR ACTION AND ENSURES THAT BOARD MEMBERS WITH POTENTIAL CONFLICTS ARE RECUSED AND TAKE NO ACTION ON MATTERS IN WHICH THEY HAVE AN INTEREST. THE GENERAL COUNSEL ALSO REVIEWS ALL SIGNIFICANT TRANSACTIONS AND ENSURES BOARD MEMBERS ARE NOT INVOLVED IN SUCH MATTERS. THE GENERAL COUNSEL REPORTS ANY POTENTIAL CONFLICTS AND THE REMEDIAL ACTION TAKEN TO THE CHAIRMAN OF THE BOARD.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE CHAIRMAN OF THE BOARD APPOINTS A PRESIDENTIAL ASSESSMENT COMMITTEE TO EVALUATE THE CEO'S PERFORMANCE ALIGNED WITH OUR STRATEGIC GOALS USING DATA, INPUT FROM THE CEO, CORPORATE OFFICERS AND VICE PRESIDENTS, AND BOARD MEMBER FEEDBACK. ASSESSMENT COMMITTEE RELAYS ITS FINDINGS TO THE COMPENSATION COMMITTEE WHICH USES FORMS 990 FROM OTHER MILITARY VETERAN NON-PROFITS; AND SALARY SURVEY DATA FROM THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES' (ASAE) ASSOCIATION AND COMPENSATION STUDY, ASSOCIATIONS TRENDS, THE COMPENSATION REPORT, AMONG OTHERS, TO DETERMINE FAIR AND REASONABLE COMPENSATION FOR THE PRESIDENT. ASAE, FOR EXAMPLE, PUBLISHES AN ANNUAL NATIONAL COMPENSATION SURVEY OF PROFESSIONAL ASSOCIATIONS THAT TAKES INTO ACCOUNT THE SCOPE AND SIZE OF THE ASSOCIATION; TYPE OF INDUSTRY; ANNUAL GROSS REVENUES AND LOCATION OF ASSOCIATION HEADQUARTERS. COMPENSATION COMMITTEE THEN MEETS AND REVIEWS ALL COMPARABILITY DATA; AND RECOMMENDS ANNUAL COMPENSATION TO THE ENTIRE BOARD WHO DELIBERATE, DOCUMENT, AND APPROVE THE PRESIDENT'S ANNUAL COMPENSATION. MINUTES OF BOTH THE COMPENSATION COMMITTEE AND CLOSED BOARD DELIBERATIONS ARE DOCUMENTED. THE PROCESS WAS LAST UNDERTAKEN IN 2022. FOR OTHER OFFICERS AND KEY EMPLOYEES, HUMAN RESOURCES REVIEWS COMPETITIVE MARKET ANALYSIS BY AN INDEPENDENT CONSULTANT (PRM CONSULTING) WHICH DETERMINES THE APPROPRIATE PAY CORRIDOR FOR EACH OFFICER OR KEY EMPLOYEE POSITION. PRM MATCHES MOAA POSITION DESCRIPTIONS TO THE SAME OR SIMILAR POSITIONS COVERED IN THE MOST RELEVANT PUBLISHED PAY SURVEYS. ONCE MATCHED, MOAA IS GIVEN A COMPETITIVE CORRIDOR FOR EACH POSITION. PERFORMANCE EVALUATIONS ARE ALSO USED IN DETERMINING COMPENSATION. COMPENSATION COMMITTEE THEN MEETS AND REVIEWS COMPARABILITY DATA; AND RECOMMENDS PERCENT INCREASE TO THE PERSONNEL BUDGET LINE TO THE ENTIRE BOARD FOR DELIBERATION AND APPROVAL. MINUTES OF BOTH THE COMPENSATION COMMITTEE AND CLOSED BOARD DELIBERATIONS ARE DOCUMENTED. ONCE APPROVED, THE PRESIDENT THEN DETERMINES COMPENSATION FOR DIRECTORS WITHIN BOARD GUIDELINES AND INTENT. THE PROCESS WAS LAST UNDERTAKEN IN 2022.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE SUMMARIZED IN MILITARY OFFICER MAGAZINE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MAILING AND SOLICITATION 156,038. CONSULTING SERVICES 244,676. SOFTWARE SUPPORT 521,278. MAIL HOUSE SERVICES 71,857. BANKING AND CREDIT CARD 91,218. WEBSITE 37,208. RECRUITING INITIATIVE 23,540. OTHER 1,927,803.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number

53-0172821

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MILITARY OFFICERS ASSOCIATION OF AMERICA SCHOLARSHIP FUND 201 N WASHINGTON STREET ALEXANDRIA, VA 22314 54-1659039	EDUCATIONAL ASSISTANCE	VA	501(C)(3)	7	MILITARY OFFICERS ASSOCIATION OF AMERICA	Yes	
(2) THE MOAA FOUNDATION 201 N WASHINGTON STREET ALEXANDRIA, VA 22314 46-4219250	EDUCATION	VA	501(C)(3)	7	MILITARY OFFICERS ASSOCIATION OF AMERICA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MILITARY OFFICERS ASSOCIATION OF AMERICA SCHOLARSHIP FUND	N	227,632	FAIR MARKET VALUE
(2) MILITARY OFFICERS ASSOCIATION OF AMERICA SCHOLARSHIP FUND	Q	895,844	FAIR MARKET VALUE
(3) THE MOAA FOUNDATION	B	1,111,528	FAIR MARKET VALUE
(4) THE MOAA FOUNDATION	N	361,803	FAIR MARKET VALUE

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation